



Plan for Implementation

Public Law 111-163

“Caregivers and Veterans

Omnibus Health Services Act of 2010”

Title I

Caregiver Support

Section 101

Assistance and Support Services for Caregivers

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Definitions

The definitions listed below are based on the language used in Public Law 111-163 and on VA's recommended interpretation of the law to provide further clarification of terms.

Activities of Daily Living (ADL): Defined through the use of a scale such as the Katz Index of Independence in ADLs - the most appropriate instrument to assess functional status as a measurement of the Veteran's ability to perform ADLs independently to include bathing, dressing, toileting, transferring, continence, and feeding.

In the Best Interest: A determination, made by VA clinicians, regarding the provision of continuous and approved personal care services to enable a Veteran or Servicemember to safely reside outside of an institutional care setting.

General Caregiver: An individual who provides personal care services to the eligible Veteran.

Competency: The ability to demonstrate the physical and fundamental knowledge, understanding and skill of the required task.

Eligible Veteran: A Veteran or Servicemember undergoing medical discharge from the Armed Forces; who has a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and is in need of personal care services because of an inability to perform one or more ADLs; a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or such matters as VA considers appropriate (See 38 U.S.C. § 1720G(a)(2). Title I of Public Law 111-163, which added § 1720G to title 38, is provided in Appendix A).

Family Caregiver: A family member (defined herein) who is approved as a "provider of personal care services" under 38 U.S.C. § 1720G(a)(6)(B), who provides personal care services to an eligible Veteran and who is a back-up to the primary caregiver of the eligible Veteran.

Family Member: A parent; a spouse; a child; a step-family member; and an extended family member; or a person who lives with the Veteran but who is not a member of the family of the Veteran.

Personal Care Services: Services, including non-institutional extended care services, that are determined to be clinically necessary and appropriately provided by an approved caregiver to assist a Veteran or Servicemember with at least one activity of daily living or to prevent harm to self or others in order to enable him or her to reside outside of an institutional care setting.

Primary Family Caregiver: A family member (defined herein), who is designated as a "primary provider of personal care services" under 38 U.S.C. §1720G(a)(7)(A); who the Veteran or Legal Guardian designates through application and approved by VA as the primary provider of personal care services for the Veteran.

Serious injury: Individuals with a serious injury are individuals who, due to their injury, psychological trauma, or mental disorder, require ongoing medical care, exhibit impaired ability to function independently in their community, are vulnerable and at high

risk for personal safety, and for whom at least 6 months of continuous and approved caregiver support is required to enable them to live outside of an institutional care setting.

Undergoing Medical Discharge: A Servicemember who has completed the Department of Defense disability evaluation process, has been found unfit for duty due to a medical condition, and for whom a date of medical discharge has been issued.

Case Manager: A clinical professional who assesses, advocates, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's and family's health needs through communication and available resources to promote quality, cost effective outcomes.

Well-Being: Veteran or Legal Guardian's perception of the best possible social, emotional, and physical state of welfare in a safe and nurturing environment in conjunction with the clinical care team's assessment of the Veteran's physical and mental health status.

Executive Summary

Public Law (PL) 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, (Title I of P.L. 111-163 is provided in Appendix A), was signed into law on May 5, 2010. Section 101 of the law requires the Department of Veterans Affairs (VA) develop: (1) a program of comprehensive assistance for family caregivers, and (2) a program of general caregiver support services. Section 101(b) of the law requires VA to develop an implementation plan and submit a report on the plan for the program of comprehensive assistance for family caregivers to the Committee on Veterans' Affairs of the Senate (SVAC) and the Committee on Veterans' Affairs of the House of Representatives (HVA) no later than 180 days after the date of enactment of the Act. Section 101(b)(2) of the law requires VA, in developing the plan, to consult with key stakeholders, to include Veterans who may be eligible for the program and their family caregivers, the Secretary of Defense (with respect to members of the Armed Forces who may be eligible for the program), Veteran Service Organizations (VSOs), and national organizations specializing in the provision of assistance to individuals with disabilities and to Veterans' family caregivers. The law requires that the report include a description of the individuals, caregivers, and organizations consulted, a description of the consultations, and the recommendations of the individuals, caregivers, and organizations, if any, that were not adopted and incorporated into the plan and the reasons they were not adopted. This report contains VA's recommendations for national implementation of the program of comprehensive assistance for family caregivers as required by section 101(b) of P.L. 111-163. Recommendations contained herein are submitted prior to completion of required Federal regulations to institute the plan. This plan is subject to modification as a result of review and public comment on such Federal regulations. Any modifications as a result of the formal approval process for federal regulations will be forwarded to Congress under separate cover.

VA chartered a Caregiver Support Steering Committee to ensure that implementation of the law encompassed all practice care areas where caregiver support is a critical element. In addition, four workgroups were chartered to address specific components of the law, to include Eligibility, Benefits, Clinical, and Information Technology. These workgroups were staffed by clinical and administrative subject matter experts from across VA. Products from the workgroups were reviewed by the steering committee and integrated into the implementation plan.

VA has determined that Veterans and Servicemembers undergoing medical discharge will be eligible for the program of comprehensive assistance for family caregivers if they meet the following clinical eligibility criteria: 1) meet clinical eligibility criteria (based on criteria for VA aid and attendance and compensation benefits as provided in 38 U.S.C. § 1114 and implementing regulations), 2) require continuing medical management, or are at high risk for personal safety, and cannot live independently in their community without caregiver support 3) without caregiver support providing personal care services at home in an ongoing manner, would require hospitalization, nursing home, or other institutional care 4) require at a minimum six months of continuous and approved caregiver support, 5) will receive care at home once caregiver training is complete,

6) will receive ongoing care from a Patient Aligned Care Team (PACT) or other VA health care team due to VA's responsibility, as outlined in the statute, to monitor the well-being of each eligible Veteran receiving personal care services under the program, 7) services provided by the primary family caregiver will not be simultaneously provided by another entity.

P.L. 111-163, Title I, Section 101 distinguishes three categories of caregivers: primary family caregivers, family caregivers and general caregivers. Each category of caregivers will receive specific benefits and services. This report on the implementation plan focuses on the specific benefits and services for primary family caregivers and family caregivers for eligible Veterans as required by the law.

The program for primary family and family caregivers will include the following. First, a joint application in which the Veteran designates his or her primary family caregiver must be completed. A clinical eligibility assessment based on the Veteran will be completed by the clinical team at the local VA medical center. The Caregiver Support Coordinator (CSC) or designated case manager will complete an assessment of the suitability of the proposed family caregiver. After the application and assessments are completed and approved, the family member will be scheduled for training. Education and training consists of two parts: (1) a standardized core curriculum completed in-person or through self study, and (2) specific training on the Veteran's individual care needs with return demonstration and verification of competence completed in the home.

Second, upon completion of full assessment of the Veteran's needs and determination of eligibility, and upon the caregiver's successful completion of training and validations of pre-defined competencies, the full scope of benefits for the primary family caregiver will begin. Benefits for the primary family caregiver include: a direct stipend payment, which VA plans to base on the Department of Labor Bureau of Labor Statistics Home Health Aide geographic wage rate; mental health services under 38 U.S.C. § 1782 (as defined herein); and may include health care through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)ⁱ if the primary family caregiver is not entitled to care or services under a health-plan contract (as further discussed herein). Expanded respite services and travel benefits as outlined by law for family caregivers will be available upon approval of the joint application since the primary family and family caregivers will need to receive these benefits to attend training. VA monitoring of the Veteran's well-being will be completed at a minimum every ninety days and validation of the caregiver competence will be completed annually.

VA's implementation plan for the program of comprehensive assistance for family caregivers is designed to expand existing services and to develop new benefits to support family caregivers in accordance with the authority. VA is prepared to fully integrate this implementation plan into its health care delivery system to ensure the best care to our Nation's Veterans and those that care and support them at home based on the availability of funding.

Introduction

This report is written in compliance with section 101(b) of Public Law (PL) 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010 and contains VA's recommendations for national implementation of the program of comprehensive assistance for family caregivers as required by section 101(b) of P.L. 111-163. Recommendations contained herein are submitted prior to completion of required Federal regulations to institute the plan. This plan is subject to modification as a result of review and public comment on such Federal regulations. Any modifications as a result of the formal approval process for Federal regulations will be forwarded to Congress under separate cover.

The law requires VA not later than 180 days after the date of the enactment of this Act, to develop a plan for the implementation of the program of comprehensive assistance for family caregivers and submit to the SVAC and HVAC a report on such plan. In developing the plan, the law requires VA to consult with key stakeholders, to include Veterans who may be eligible for the program and their family caregivers, the Secretary of Defense (with respect to members of the Armed Forces who may be eligible for the program), VSOs and national organizations that specialize in the provision of assistance to individuals with disabilities and to Veterans' family caregivers. The law requires that the report include a description of the individuals, caregivers, and organizations consulted; a description of the consultations; and the recommendations of such individuals, caregivers, and organizations, if any, that were not adopted and incorporated into the plan and the reasons they were not adopted. A Department of Defense (DoD) representative serves on VA's Caregiver Support Steering Committee, which was chartered to guide the implementation of the caregiver program as outlined in P.L. 111-163.

VA recognizes the significant sacrifices of family caregivers and is honored to have the opportunity to implement the comprehensive programs for family caregivers as outlined in this law. Caregivers are a valuable resource providing physical, emotional and other support to wounded, ill, and injured Veterans, making it possible for them to remain in their homes rather than requiring institutional care. In recent years, VA, like other health care providers, moved to a managed health care system. More Veterans are being treated in outpatient settings and are no longer recovering from illness, injury or surgery at only institutional care sites. While this shift allows Veterans to remain in the home during and after treatment, it also results in a greater demand for spouses, parents or other family members and friends to assume the role of caregiver. The burden of the demands placed on caregivers is well documented. Caregivers with the heaviest responsibilities are vulnerable to risks such as a decline in health, emotional stress, and economic hardships.^{ii,iii}

Many times, caregivers are not fully prepared to face the challenges that hands-on personal care entails and may have an incomplete understanding of the complexity of their new role. Numerous studies have documented increased caregiver strain and/or burden and adverse emotional reactions to caregiving. These core problems, if not appropriately addressed, may lead to a worsening of the caregiver's health status, a significant increase in the use of health care resources and the need for institutional

placement for the Veteran. Research on older adults has shown that caregivers who receive appropriate support are better prepared to assist with care.^{iv}

Background

P.L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010 (Title I provided in Appendix A) was enacted on May 5, 2010. Title I of P.L. 111-163 contains sections 101-104, which requires and authorizes the following:

- Requires VA to establish a program of comprehensive assistance for family caregivers (Section 101)
- Requires VA to establish a program of general caregiver support services (Section 101)
- Authorizes VA to provide medical care to certain primary family caregivers through the Civilian Health and Medical Program of VA (CHAMPVA), under 38 United States Code (U.S.C.) § 1781 (section 102)
- Provides for counseling and mental health services for caregivers under 38 U.S.C. § 1782 (section 103)
- Authorizes VA to provide the expenses of travel (including lodging and subsistence) for family caregivers during travel to and from a VA facility for (and for the duration of) the Veteran's medical examination, treatment, or care (section 104).

Caregiver Support Steering Committee

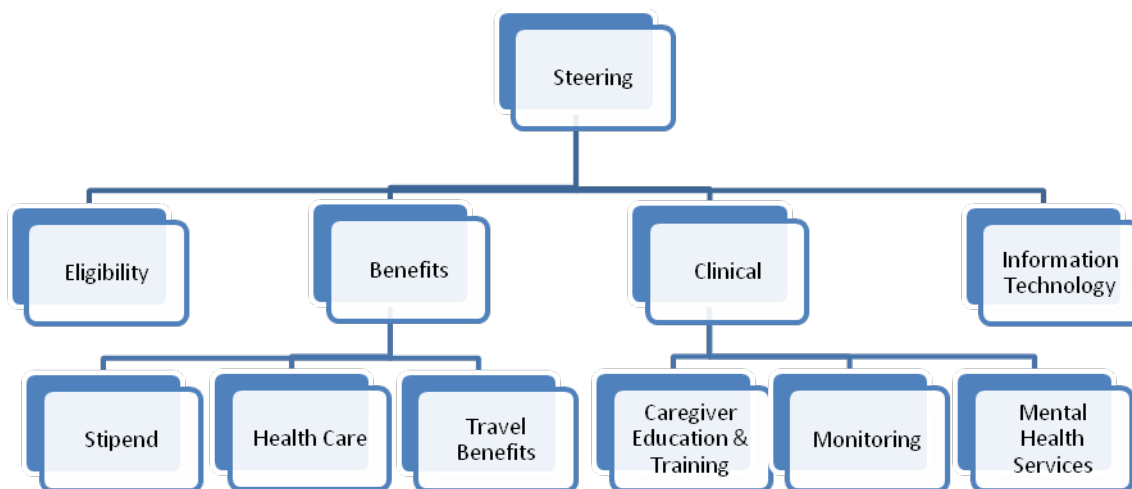
In order to ensure the implementation of the law encompasses all practice care areas where caregiver support is a critical element, VA chartered a Caregiver Support Steering Committee to:

- Interpret the law
- Recommend staff resources required to carry out the full implementation
- Identify and monitor necessary work groups to develop an empirical basis for decisions related to eligibility, caregiver education and monitoring, payment of the caregiver stipend, health care coverage, travel benefits, mental health services, VA/DoD caregiver benefits and processes, and information technology requirements
- Guide, direct, and plan all aspects of the implementation of 38 U.S.C. § 1720G(a) (Assistance and Support Services for Caregivers), as added by section 101 of P.L. 111-163

In addition to the Caregiver Support Steering Committee, VA chartered four workgroups to address specific components of the law, to include Eligibility, Benefits, Clinical, and Information Technology. These four workgroups were further divided to address specific aspects of the plan for implementation. The Benefits workgroup was divided into three sub-workgroups, to include Stipend, Health Care, and Travel Benefits. The Clinical workgroup was divided into three sub-workgroups, to include Caregiver

Education and Training, Monitoring, and Mental Health Services. The workgroups were staffed by approximately fifty clinical and administrative subject matter experts from across VA. The steering committee integrated the products from the working groups into the implementation plan. *Figure 1 depicts a matrix of the Caregiver Support Steering Committee and workgroups.*

Figure 1 - Matrix of Caregiver Support Steering Committee and Workgroups



Eligibility Workgroup

The Eligibility Workgroup was charged to:

- Develop and define the criteria for Veteran eligibility and application
- Identify caregiver eligibility issues
- Evaluate and identify VA/DoD caregiver programs, gaps in services and interface related to the implementation of the new law

Benefits Workgroup

The Benefits Workgroup was charged to:

- Develop a matrix and payment framework for caregiver stipends and plans for providing health care coverage
- Develop caregiver travel benefits program

Clinical Workgroup

The Clinical Workgroup was charged to:

- Identify, create, and plan implementation of caregiver education, training, and competency program
- Identify, develop, and plan implementation of program to monitor caregiver competence

- Identify, define, and determine appropriate mental health and counseling for caregivers

Information Technology Workgroup

The Information Technology (IT) Workgroup was charged to:

- Identify and develop clinical system design, development, and interface
- Identify and develop non-clinical system design, development and interface

Assistance and Support Services for Caregivers

The law distinguishes three categories of caregivers:

Caregivers of covered Veterans, (under 38 U.S.C. § 1720G(b), as added by section 101 of P.L. 111-163), herein referred to as “general caregivers,”

Family caregivers who are approved as providers of personal care services (under 38 U.S.C. § 1720G(a), also added by section 101 of P.L. 111-163), herein referred to as “family caregivers,” and

Family caregivers who are designated by the Veteran or Legal Guardian as the primary provider of personal care services (under 38 U.S.C. § 1720G(a), also added by section 101 of P.L. 111-163), herein referred to as “primary caregivers.”

Each class of caregivers will receive the specific benefits outlined in the law.

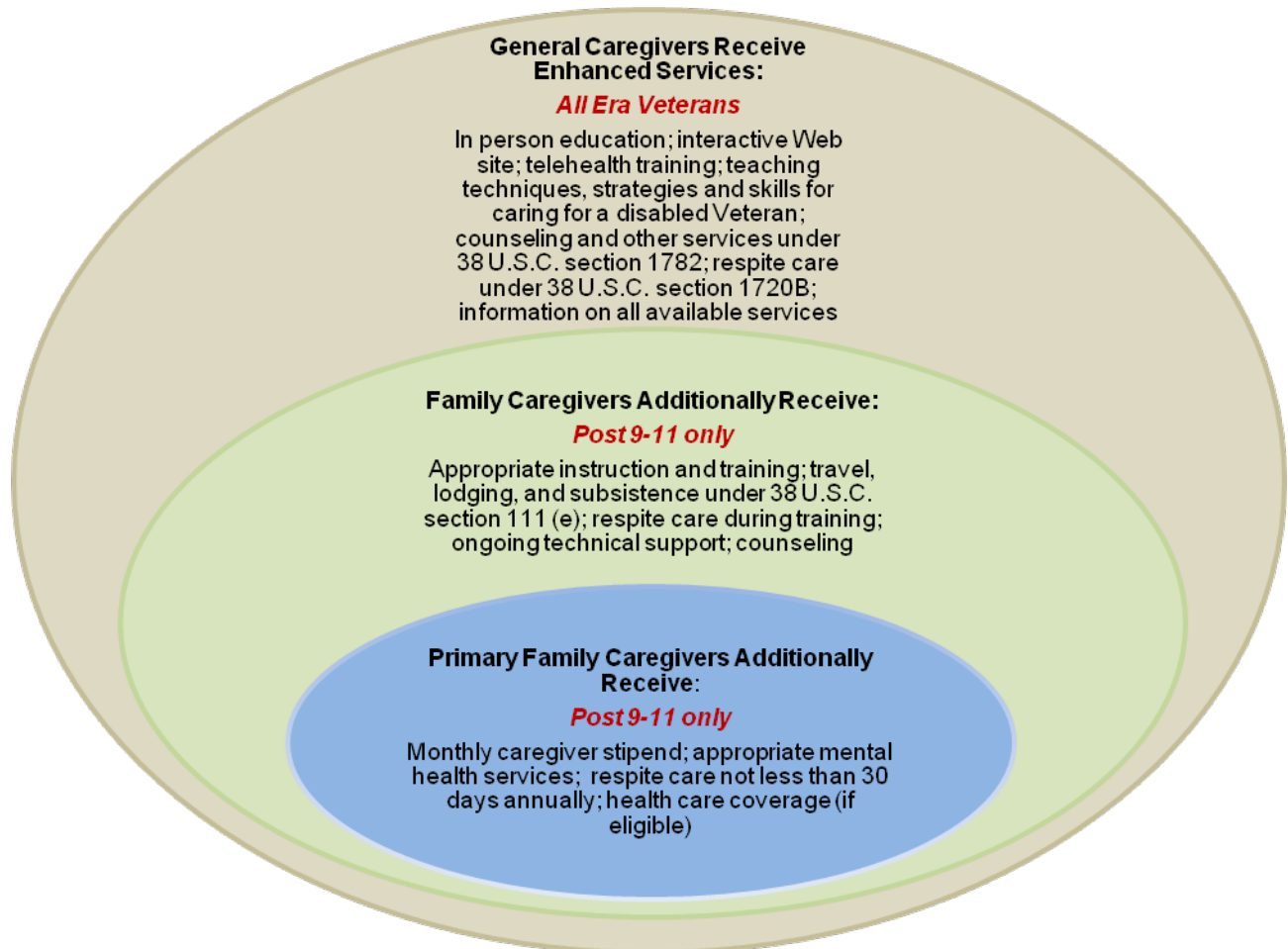
The general caregivers of covered Veterans will receive supportive services regarding the administering of personal care services to include educational sessions made available both in person and on an internet Web site, use of Telehealth and other available technologies, teaching techniques, strategies and skills for caring for a disabled Veteran, counseling and other services under 38 U.S.C. § 1782, respite care under 38 U.S.C. § 1720B that is medically and age appropriate for the Veteran, and information on available community resources for caregiver support.

Family caregivers of eligible Veterans will receive the same services as general caregivers; and in addition will receive instruction, preparation and training as appropriate to provide personal care services to an eligible Veteran; ongoing technical support consisting of information and assistance to address, in a timely manner, the routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible Veteran; counseling; and lodging and subsistence under 38 U.S.C. § 111(e).

Under the law, each family caregiver designated as the primary family caregiver of an eligible Veteran will receive the same services as the general caregivers and family caregivers receive and in addition will receive a monthly personal caregiver stipend, medical care through CHAMPVA if they are not entitled to care or services under a health plan contract (as further discussed herein), respite care of not less than thirty days annually (VA’s current policy on respite care provides up to thirty days annually of respite services), and mental health services.

Figure 2 represents the new and expanded benefits and services for general, family and primary family caregivers.

Figure 2 - Model of Categories of Caregivers in P.L. 111-163



Hereinafter, the contents of this report will refer only to the program of comprehensive assistance for family caregivers and primary caregivers in 38 U.S.C. § 1720G(a), as required by the reporting requirement in section 101(b) of P.L. 111-163. VA already has in place many of the programs outlined in the requirements for general caregiver support. These include provisions for education and training, respite care, care coordination via telehealth and counseling. More information on the general caregiver support services provided, as required by the Program of General Caregiver Support Services in 38 U.S.C. § 1720G(b), can be located at www.caregiver.va.gov.

Eligibility

There are two components of eligibility. First, a Veteran must meet eligibility requirements for his or her caregiver to receive benefits under the program. Second, a

family caregiver must meet specific requirements to be designated as a primary family caregiver or approved as a family caregiver.

Veteran Eligibility

38 U.S.C. § 1720G(a), as added by section 101 of P.L. 111-163, delineates the criteria of an eligible Veteran as:

- A Veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;
- Has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and
- Is in need of personal care services because of:
 - an inability to perform one or more activities of daily living (ADL);
 - a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or
 - such other matters as the Secretary considers appropriate.

In addition, the law states that VA shall only provide support under the program, if VA determines it is in the best interest of the eligible Veteran to do so.

VA has determined that Veterans and Servicemembers undergoing medical discharge will be eligible for the program of comprehensive assistance for family caregivers if they meet the following seven clinical eligibility criteria:

1. Meet the clinical eligibility criteria (listed below) based on VA aid and attendance and compensation benefits (based on 38 U.S.C. § 1114 and implementing regulations)
2. Require continuing medical management or be at high risk for personal safety and cannot live independently in the community without caregiver support
3. Without caregiver support providing personal care services at home in an ongoing manner, would require hospitalization, nursing home, or other institutional care.¹
4. Require at a minimum six months of continuous and approved caregiver support²

¹a. The statute references 38 U.S.C 1701(6)(E) which states that the term “medical services” includes non-institutional extended care services, including alternatives to institutional care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer. This implies that the intent of the statute is to keep Veterans from institutional care placement.

b. The statute also requires that family members who have agreed to provide personal care services with the Veteran's consent undergo a period of tailored training. These family members would then be approved to provide the required services, allowing for more than one family caregiver to provide personal care services. This implies that continuous support is important. If this continuous support is interrupted in a significant manner, whereby the Veteran or Servicemember is not receiving continuous and approved personal care services through this program, it may be in the best interests of the Veteran or Servicemember to be provided such services in alternative settings.

² If a Servicemember does not meet this criteria because they require six months or less of continuous caregiver support, their family members may be able to utilize leave under the Family and Medical Leave Act (FMLA) to provide the necessary care. Under

5. Receive care at home once caregiver training is complete
6. Receive ongoing care from a VA PACT or other VA health care team due to VA's responsibility, as outlined in the statute, to monitor the well-being of each eligible Veteran receiving personal care services under the program
7. Services provided by the primary family caregiver will not be simultaneously provided by another entity

VA recognizes DoD's authority to provide a special compensation payment to eligible Servicemembers.

- Under authority granted in section 603(a) of P.L. 111-84, the National Defense Authorization Act for Fiscal Year 2010, DoD may provide a special compensation payment to Servicemembers with catastrophic injuries or illnesses incurred or aggravated in the line of duty, who are certified by a physician to need assistance from another person to perform the personal functions required in everyday living and who without such provision of assistance would require institutionalization (See 37 U.S.C. § 439).
- The DoD special compensation payment will be provided to catastrophically ill or injured Servicemembers as additional pay to the Servicemember. While the intent is for payment to a caregiver, there are no requirements that the payment be used in this manner. Eligibility for the payment expires when the Servicemember begins receiving compensation under 38 U.S.C. § 1114(r)(2) (VA's aid and attendance allowance); or ninety days after separation or retirement from the military which will allow for VA claims submission and payment and for those eligible, to apply for the program of comprehensive assistance for family caregivers. (Eligibility for the payment also expires when the Servicemember dies or when the Servicemember is determined to be no longer afflicted with the catastrophic injury or illness.)

"Undergoing medical discharge" was not defined in the law. VA interprets this term to mean that a Servicemember, who has completed the DoD disability evaluation process, has been found unfit for duty due to a medical condition, and for whom a date of medical discharge has been issued, may apply for the VA program of comprehensive assistance for family caregivers.³

the FMLA, any eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered Servicemember is entitled to up to 26 workweeks of unpaid leave to provide care to the Servicemember. While on FMLA leave, the employee's access to employer provided health care shall continue as if the employee had not taken leave, and the employee is entitled to return to the same or an equivalent position at the end of the leave. See 29 C.F.R. § 825.127(c) ("An eligible employee is entitled to 26 workweeks of leave to care for a covered Servicemember with a serious injury or illness during a single 12-month period."); 29 C.F.R. § 825.209(a) ("During any FMLA leave, an employer must maintain the employee's coverage under any group health plan (as defined in the Internal Revenue Code of 1986 at 26 U.S.C. 5000(b)(1)) on the same conditions as coverage would have been provided if the employee had been continuously employed during the entire leave period."); and 29 C.F.R. § 825.214 ("On return from FMLA leave, an employee is entitled to be returned to the same position the employee held when leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.").

³ The DoD disability evaluation process can take several months and some Servicemembers referred and evaluated will return to duty or be offered an opportunity to train for another military occupation. The wording of the statute ("undergoing medical discharge") implies that the medical discharge is certain.

A Servicemember receiving special compensation from DoD may apply for benefits under the program of comprehensive assistance for family caregivers.

Veterans who do not live within the continental United States or its territories will be evaluated for eligibility on a case by case basis. If approved for the program, these Veterans will receive care under VA's Foreign Medical Program. Oversight as required under the statute [38 U.S.C. § 1720G(a)(9)] to monitor the well-being, assure the appropriate delivery of personal care services and follow-up for each eligible Veteran, their primary caregiver and other family caregiver(s) will be provided on a contractual basis as appropriate.

Non-clinical eligibility criteria will be evaluated upon the Veteran and family members' completion of a joint application (including that the serious injury occurred on or after 9/11/01, and if applying as a Servicemember, that a date of medical discharge has been issued), as further discussed herein.

Veteran Clinical Eligibility Assessment

An independent VA clinical provider to include physician, physician assistant, or nurse practitioner, in collaboration with the interdisciplinary care team, will complete a clinical eligibility assessment to determine Veteran eligibility to participate in the program and, based on clinical criteria, help determine the amount and level of the stipend payment the primary family caregiver will receive. The Veteran clinical eligibility assessment will consist of two parts. The first part includes eligibility criteria based on VA's aid and attendance benefit and compensation (based on 38 U.S.C. § 1114 and implementing regulations) and other clinical criteria that ascertain the clinical appropriateness of the Veteran for the program. The second part of this eligibility assessment will determine the level of stipend payment to be allotted to the primary family caregiver.

Veteran/Servicemember must meet one of the following criteria

1. Inability to dress or undress him/herself
2. Inability to bathe or groom in order to keep self clean and presentable
3. Frequent need of adjustment of any special prosthetic or orthopedic appliances which by reason of the particular disability cannot be done without aide (this will not include the adjustment of appliances which normal persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.)
4. Inability to toilet or attend to toileting without assistance
5. Inability to feed him/herself through loss of coordination of upper extremities or through extreme weakness or inability to swallow
6. Incapacity, physical or mental which requires care or assistance on a regular basis to protect the Veteran from hazards or dangers incident to his or her daily environment
7. Permanently bedridden (the condition the Veteran has, through its essential character, actually requires that the claimant remain in bed)

In addition to meeting one of the above criteria the Veteran must also meet all of the following 6 criteria:

1. Requires continual medical management or is at high risk for personal safety and cannot live independently in the community without caregiver support
2. Without caregiver support providing personal care services at home in an ongoing manner, would require hospitalization, nursing home, or other institutional care
3. Requires at a minimum six months of continuous and approved caregiver support
4. Will receive care at home once caregiver training is complete
5. Will receive on-going care from a Patient Aligned Care Team (PACT) or other VA health care team
6. Services provided by the primary caregiver will not be simultaneously provided by another entity

The second component of the Veteran clinical eligibility assessment is the determination of the clinical complexity and associated functional capability as defined by ADLs and required hours of care. The levels of the caregiver stipend will be based and scored through the use of a Katz scale which is a tested and validated tool to assess functional status as a measurement of the Veteran's ability to perform ADLs independently. This will be done in conjunction with a Patient Behavior Scale, (Katz, Downs, Cash, et al., 1970). The behavior points will be subtracted from the ADL points. Combined results of these scales are given a numeric value that equates to ADL and Behavior points to determine the level of the stipend payment. NOTE: If the Veteran requires constant supervision, then the level of stipend payment goes to the High Dependence tier. *Figure 3 represents the Stipend Matrix for Payment, figure 4 shows the Level of Stipend Determination table, and figure 5 shows the Patient Behavior Scale.*

Figure 3 - Stipend Matrix for Payment

Stipend Matrix for Payment:

- High Dependence (High Level of Caregiver Need)
 - 0-6 Points
 - 26-40 hours/week of care
- Medium Dependence (Medium Level of Caregiver Need)
 - 7-12 Points
 - 11-25 hours/week of care
- Low Dependence (Low Level of Caregiver Need)
 - 13-18 Points
 - 6-10 hours/week of care

- ❖ Payment based on maximum hours at each tier
- ❖ Payment calculated based on the Bureau of Labor Statistics wage rate for a Home Health Aide using the seventy-fifth percentile of the hourly wage rate in the geographic area of residence of the Veteran. More information is available in the section titled “Stipend” below.

Figure 4 - Level of Stipend Determination table

Activity of Daily Living	High Dependence (Give 1 point for each ADL with full Dependence)	Medium Dependence (Give 2 points for each ADL with medium level of dependence)	Low Dependence (Give 3 points for each ADL with low level of dependence)
Scoring	1 point	2 Points	3 Point
Eating			
Dressing			
Bathing			
Toileting			
Transferring			
Incontinence of Bowel & Bladder			

Figure 5 - Patient Behavior Scale

Patient Behaviors	Constant	Intermittent	Minimal
Scoring	Subtract 3	Subtract 2	Subtract 1
Direct observation required for safety * If Veteran requires <u>constant</u> supervision then automatically rate as a dependent tier of 26-40 hours/week of care			
Impulsive, aggressive, or abusive behaviors			
Resistive and/or non-compliance to treatment and care			

Caregiver Eligibility

Before a person can become a primary family or family caregiver for a Veteran under this program, they must: (1) jointly submit an application to VA with the eligible Veteran, (2) be approved to complete training by the PACT or primary care team in collaboration with the Caregiver Support Coordinator (CSC) or designated case manager, and (3) satisfactorily complete training and demonstrate the ability to carry out the specific personal care services and other assistance required by the Veteran to be found competent to be a primary family or family caregiver. An initial suitability assessment of the proposed family caregiver will be completed by the VA facility CSC or designated case manager. Primary family or family caregivers must meet the following requirements:

- Family caregiver will be at least 18 years of age
- Must be a member of the family of the Veteran including a parent, spouse, child, step-family member and extended family member, or must be someone who lives with the Veteran full-time, but is not a family member of the Veteran
- No concerns regarding potential abuse or neglect of the Veteran by the family caregiver documented in the Veteran's electronic health record
- Family caregiver will have the ability to communicate and understand details of the treatment plan and any specific instructions related to the care of the Veteran (accommodation for language or hearing impairment will be made as appropriate)
- Family caregiver will be capable of providing personal care services to include such things as assistance with activities of daily living, (i.e. bathing, eating, dressing, toileting) required by the Veteran and/or providing supervision to prevent the Veteran from harm to self or others
- The family caregiver will be capable of following a treatment plan listing the specific care needs of the Veteran without direct supervision
- The family caregiver will demonstrate ability to carry out core competencies, as well as additional care requirements as prescribed by the PACT or Veteran's primary care team

Veteran and Family Caregiver Joint Application Process

The law requires an eligible Veteran and a family member of the eligible Veteran seeking to participate in the program to jointly submit an application to VA. For each application submitted, VA will evaluate the eligible Veteran to identify the personal care services and/or supervision required by the eligible Veteran. The VA clinical provider will determine whether the care required by the Veteran at home, could be significantly or substantially satisfied through the provision of personal care services, such as assistance with ADLs and/or supervision to prevent harm to self or others, provided by a family member. VA will evaluate the family member to determine the amount of instruction, preparation, and training the family member requires to provide the personal care services required by the eligible Veteran as a provider of personal care services

(family caregiver) and as the primary provider of personal caregiver services (primary family caregiver).

VA is developing a joint application for the program using existing elements of the CHAMPVA application, Geriatric and Extended Care Referral Form, and newly identified elements to meet the requirements of P.L. 111-163, Title I, Section 101. This will ensure standardization and consistent processing through already established VA procedures.

VA's goals are to make this application process as simple as possible for the Veteran, proposed primary family or family caregiver, and VA staff and to incorporate the application into the Veteran's electronic health record. VA will make available a paper application, as well as an electronic version of the application that will be available on-line. The CSC or designated case manager at each VA medical center will work with the Veteran and proposed primary family or family caregiver(s) to determine the appropriateness of the caregiver(s), as well as facilitate the required education of the family member.

For primary family and family caregiver benefits, a joint application will be completed, signed, and submitted by the Veteran or legal guardian and proposed primary family or family caregiver. The Veteran or legal guardian will agree to elect one primary family caregiver. The Veteran or legal guardian will be able to elect up to two additional family caregivers, who are at least 18 years of age. The proposed primary family and family caregivers must consent to perform personal care services required for the Veteran to live independently in the community, agree to complete the required training, and agree to ongoing monitoring by VA of the Veteran's and their well-being. All identified proposed caregivers will receive a copy of the roles and responsibilities at the time of application completion.

The application will contain certification statements the Veteran and caregiver are required to sign. *An example of certification statements that will be included in the application that will be signed and dated by the Veteran or legal guardian are shown in Figure 6.*

Figure 6 - Certification Statement to be signed by the Veteran or legal guardian on the application

<p>"I am currently receiving the DoD supplemental activities of daily living pay."</p> <p>Yes/No</p> <p>"My DoD supplemental activities of daily living pay will expire on _____."</p> <p>"I certify that I consent for _____ to perform personal care services for me following their successful completion of any and all necessary training."</p> <p>"I certify that _____ is the individual I have selected as my primary provider of personal care services."</p>
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"I certify that the information provided in this application is correct and true to the best of my knowledge and belief."

An example of certification statements that will be included in the application to be signed and dated by the proposed family caregiver are shown in Figure 7.

Figure 7 - Certification Statement to be signed by the family caregiver on the application

"I certify that I am at least 18 years of age, can perform my own activities of daily living independently, am capable of performing personal care services as defined, and that I consent to provide personal care services for the individual named as the Veteran in this joint application. I further certify that I have received information about the requirements to perform such personal care services, and the support that will be provided to me by the Department of Veterans Affairs during the time I provide personal care services to the Veteran named above. I also consent for the Department of Veterans Affairs to request a written statement from my personal physician stating that I am not limited by any medical condition or that the requirements of delivering the defined personal care services will not adversely affect any medical condition that I may have or develop." (signed by all primary and family caregiver applicants and dated)

"I certify that I consent to perform personal care services for the Veteran named above as the primary provider of such services."

"I certify that I am not an employee of VA during the time I provide personal care services to the Veteran named above."

"I certify that I understand that the Veteran named above may revoke my designation as primary family or family caregiver at any time and that VA may remove me from this position immediately if it is determined that I fail to comply with the requirements as defined by law."

"I certify that I understand that should my designation of primary family or family caregiver be revoked, access to my caregiver benefits to include the direct stipend payment, health care coverage if applicable, mental health services, travel benefits, and additional respite care will end as outlined in VA policy."

"I certify that I have been advised not to give up or stop premium payments for any health insurance in which I am currently enrolled or may become enrolled during the time I am providing personal care services."

"I certify that my role and responsibilities have been explained to me and that I understand the role and responsibilities as a family caregiver."

"I certify I have been provided information regarding the stipend amount and conditions of payment and that the stipend amount may change to a higher or lower amount depending on the clinical needs of the Veteran."

For individuals who are not family members:
“I certify that I live full-time with the Veteran named above”

For all family caregiver applicants:
“I certify that the information provided in this application is correct and true to the best of my knowledge and belief.”

During the approval of the application, the local VA medical center CSC or designated case manager, in collaboration with the PACT or primary care team will screen the family member to participate in caregiver education and training. If the family member does not meet criteria for caregiver education and training the CSC or designated case manager will document the reasons on the application and in the electronic health record. Reasons a family member may not be referred for education and training could include such things as known active substance use disorder, documented history of abuse or neglect of the Veteran, illness, or injury that prevents him or her from performing the required personal care services for the Veteran. The number of family members approved and trained as personal care providers is not to exceed three individuals at any one time, one of whom is the designated primary family caregiver.

Caregiver Education and Training

If the family member is determined to meet criteria to receive training, the CSC or designated case manager will coordinate the required education and training for the caregiver with the PACT or specialty care team.

There are two parts to caregiver education and training. The first part is the basic caregiver curriculum that will be available classroom style or self study through books, DVD or on-line. This will allow the primary family and family caregivers to choose the setting that is most convenient, and accommodates their specific learning style. The basic caregiver curriculum will be standardized across VA. The second part is training specific to the individual Veteran's care needs. Both parts of the training will require return demonstration of competence. For example, a caregiver will be trained differently to care for a Veteran with a Spinal Cord Injury (SCI) than for a Veteran with a Traumatic Brain Injury (TBI).

The specific training with return demonstration of competence is to be completed in the home. In focus groups and other settings conducted in VA prior to and following enactment of P.L. 111-163, caregivers have articulated the challenges of transferring skills taught in a medical setting to the home setting. VA staff or designated trained contract staff will conduct a home visit to allow the caregiver to demonstrate skills in the home environment. The home visit will be conducted in a supportive manner with additional on-site training provided, if needed, to facilitate successful completion of the training and validation of the primary family and family caregiver's competence. A standardized training program, home visit requirement and Veteran/caregiver assessment tool (Appendix B) to be used during the home visit will create a consistent approach across VA.

The basic caregiver curriculum includes ten core competencies that every primary family and family caregiver is required to understand and, if appropriate, demonstrate, realizing that not all caregivers may need to demonstrate all the competencies depending on the individual care needs of the Veteran. Additional competencies may be added as required by the Veteran's condition and care needs. The ten core competencies are:

- Medication management
- Vital signs and pain control
- Infection control
- Nutrition
- Functional activities
- Activities of daily living (ADLs)
- Communication and cognition skills
- Behavior management skills
- Skin care
- Caregiver self-care

The first part of the primary family and family caregiver education is the basic caregiver curriculum, which mirrors the core competencies with the addition of two topics focused on legal and financial concerns and resources to support the needs of the Veteran and caregiver at home.

VA will emphasize in the standardized caregiver education specific topics related to Veterans who have experienced combat and training. This will help the caregiver manage challenging behaviors related to traumatic brain injury, post-traumatic stress disorder, impulse control, suicide risk, substance use disorder, dementia, depression, and anger.

In collaboration with the PACT or primary care team, the CSC or designated case manager validates that the identified primary family or family member has successfully completed all required training and that a home visit was made to assess whether they have the required competencies to be a designated as a primary family or family caregiver.

Caregiver Benefits

The law provides for a comprehensive benefits package for the designated primary family caregivers and approved family caregivers of seriously injured Veterans. The primary caregiver will receive the most extensive package of benefits to include the payment of a stipend directly to the primary caregiver, CHAMPVA health care coverage if he or she is not entitled to care or services under any other health-plan contract (as defined in 38 U.S.C. §1725(f)), mental health services, and expanded respite. Both the primary family caregivers and family caregivers are eligible to receive expanded travel benefits to include lodging and subsistence under 38 U.S.C. § 111(e) and necessary travel, lodging, and per diem expenses while they attend training. The CSC will ensure that the primary family and family caregivers are informed of all benefits they are eligible for and assure access to such benefits. Benefits will cease to be available to family

caregivers when the Veteran has been hospitalized/ institutionalized for greater than six months or prognosis does not support further in home care.

NOTE: The primary family and family caregiver benefits begin when the family member meets the following eligibility requirements:

- Completed joint application with the Veteran (or Legal Guardian)
- Validation of the Veteran's serious injury having been incurred or aggravated in the line of duty on or after September 11, 2001
- If applicable, validation that Servicemember is undergoing medical discharge, as defined herein
- Clinical assessment of the Veteran's eligibility
- Completion of education and training requirements by the primary family or family caregiver
- Validation of the caregiver's competency
- Signed certification statement by the Veteran (or Legal Guardian) and primary family or family caregiver

Stipend

38 U.S.C. § 1720G(a)(3)(ii)(V), as added by section 101 of P.L. 111-163, provides for a monthly stipend to the Veteran's designated primary family caregiver. The stipend is an acknowledgement of the sacrifices that families are making to care for seriously injured eligible Veterans. The stipend is not intended to replace career earnings. The law clearly states "nothing in this section shall be construed as an employment relationship between the Secretary and an individual in receipt of assistance or support".

The law indicates the amount of the monthly personal caregiver stipend is determined in accordance with a schedule established by VA that specifies stipends based upon the amount and degree of personal care services provided. Furthermore, the law states that to the extent practicable, the stipend amount is at a minimum the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible Veteran to provide equivalent personal care services. If personal care services are provided in an area where commercial home health services are not available, then areas with similar costs of living shall be used to determine the amount of the monthly stipend. The law states that nothing in 38 U.S.C. § 1720G, as added by section 101 of P.L. 111-163, shall be construed to create any entitlement of any assistance or support provided, nor to create an employment relationship between VA and an individual in receipt of assistance or support, which includes primary family caregivers. VA is working with the Internal Revenue Service to determine if the direct stipend payment to the caregiver will be considered taxable income.

The stipend will be based on the United States Department of Labor's Bureau of Labor Statistics (BLS) wage rate for a Home Health Aide. The BLS Web site (www.bls.gov) provides the geographic average pay rates for a Home Health Aide. The direct stipend payment is calculated based on the BLS wage rate for a Home Health Aide using the seventy-fifth percentile of the hourly wage rate in the geographic area of residence of

the Veteran. *The seventy-fifth percentile most accurately reflects the national hourly wage rate for the competencies to be performed (Figure 8).* BLS provides 2009 wage rates and VA will factor in a cost of living adjustment using an average of the Milliman Actuary Index to calculate the current years hourly wage rate.

Figure 8 - 2009 Bureau of Labor Statistics National Home Health Aide Pay Wage

Percentile	10%	25%	50%	75%	90%
Hourly Wage	\$7.67	\$8.52	\$9.85	\$11.67	\$14.13
Annual Wage	\$15,950	\$17,710	\$20,480	\$24,280	\$29,390

The amount of the stipend for each primary caregiver will be based on a three tier system recognizing the variation in complexity of care required by the Veteran and provided by the caregiver. The stipend matrix consists of three tiers based upon a clinical determination of the number of ADL needs of the Veteran and the hours required by the primary family caregiver to perform each ADL or significant mental health and/or behavior impairment of the Veteran requiring continuous supervision. The stipend payment will use the Veteran clinical eligibility assessment outcomes in the joint application described above that determines the Veteran's clinical complexity and associated functional capability as defined by ADLs and required hours of care. The levels of the stipend are determined through the use of a Katz scale (*see figure 5*) in conjunction with a Patient Behavior Scale (*see figure 6*), (Katz, Downs, Cash, et al., 1970).^v Results of the scales are given a numeric value that equates to ADL points to determine the number of hours of care provided per week (*see figure 4*). The maximum number of hours of care per week for the High Dependence, Medium Dependence and Low Dependence levels will be calculated with the hourly wage for an experienced Home Health Aide to determine the amount of the stipend to the primary family caregiver.

Example:

A Veteran's ADL needs equate to six points. The PACT or primary care team determines, after reviewing the application and discussing the Veterans required personal care needs at home with the Veteran and the primary family caregiver that the Veteran requires 40 hours a week of personal care services provided by the primary caregiver. The mean hourly wage for a home health aide in the 75th percentile in 2011 is estimated. This amount will be calculated by 40 (number of hours of personal care services per week), multiplied by 4 (number of weeks per month), and multiplied by 1.08631 (ratio of average number of days per month/4 weeks) hours to arrive at the estimated monthly stipend payment. *Figure 9 shows the full calculation explanation for the varying levels of the stipend payment.*

Figure 9 - Calculation explanation for the varying levels of the stipend payment

Calculation Explanation for Level of the Stipend Payment

Low Dependence: the BLS hourly wage index in the geographic market multiplied by 10. This would then be multiplied by 4 (4 weeks per month). This rate would then be multiplied by 1.08631 (ratio of average number of days per month/4 weeks).

Medium Dependence: the BLS hourly wage index in the geographic market multiplied by 25. Same equation used as above.

High Dependence: the BLS hourly wage index in the geographic market multiplied by 40. Same equation used as above.

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)

Primary family caregivers of eligible Veterans can receive medical care under 38 U.S.C. § 1781, (the CHAMPVA authority), if they are not entitled to care or services under a health plan contract, as defined in 38 U.S.C. § 1725(f) and including Medicare, Medicaid, worker's compensation, insurance policy or contract, etc. CHAMPVA is a comprehensive health care program in which VA shares the cost of certain health care services and supplies with eligible beneficiaries. The program is administered by the Health Administration Center (HAC) located in Denver, Colorado, where CHAMPVA applications are processed and eligibility determinations to authorize benefits and process medical claims are made.

CHAMPVA services can be provided through two options. The first option is through community based CHAMPVA providers. Primary family caregivers will be responsible for paying the CHAMPVA annual deductibles and cost shares (co-payments) for services when using community based CHAMPVA providers. The second option is that VAMCs with provider and space availability can provide care to primary family caregivers receiving CHAMPVA benefits through the CHAMPVA In-house Treatment Initiative (CITI) program. The benefit of using the CITI program, if available, is that primary family caregivers will not incur cost shares or deductibles for care received through CITI.

Mental Health Services

The stresses of caregiving and the potential impact on the well-being of the caregiver are well documented (Levine, Halper, Peist, and Gould, 2010).^{vi} As a result of these stresses, caregivers may experience depression, anger, interpersonal conflict, anxiety, substance use, sleep disturbances, and social isolation. In addition, when the caregiver is a spouse or significant other, there may be significant changes in the marital and other family relationships, and couples may face intimacy issues. In focus groups and other forums conducted by VA prior to and after enactment of P.L. 111-163, caregivers of Veterans have consistently indicated that they want and need access to mental health services. The mental health and counseling services are designed to ensure that the primary family caregiver has access to adequate support and mental health services

to alleviate stress, burnout and other potential psychological complications resulting from their caregiving responsibilities. Primary family caregivers will be covered under 38 U.S.C. § 1782 for mental health services needed in connection with the treatment of the Veteran. (<http://uscode.house.gov>). This includes consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with the treatment of the Veteran. VA regulations are in concurrence which provide for a range of mental health services under 38 U.S.C. § 1782. Mental health services needed by the primary family caregiver but *not related to the treatment of the Veteran*, include individual and group therapy, counseling and peer support groups, but not medication, other medical procedures related to mental health treatment or inpatient psychiatric care. The CSC or designated case manager will ensure that primary family caregivers requiring such services not related to treatment of the Veteran are referred to an appropriate community mental health provider for mental health services beyond those outlined above through the primary family caregiver's CHAMPVA benefits or other existing health care coverage.

All other caregivers including family and general caregivers, will have access to counseling services currently offered in VA under existing authority as outlined in 38 U.S.C. § 1782(a) and (b). Under section 103 of P.L. 111-163, which modifies 38 U.S.C. § 1782(c), all caregivers, including general caregivers, can receive counseling under 38 U.S.C. 1782. Under 38 U.S.C. § 1720G (a)(3)(A)(i)(III), as added by section 101 of P.L. 111-163, family caregivers may receive "counseling" under the new law, which is not necessarily limited to § 1782 counseling.

Travel, Lodging, and Per Diem

Section 104 of P.L. 111-163 authorizes VA to provide the expenses of travel, including lodging and subsistence, for approved primary family and family caregivers of eligible Veterans. This includes the period of time in which the eligible Veteran is traveling to and from a VA facility for the purpose of and the duration of the medical examination, treatment, or care episode. Under the law, VA will limit the number of primary or other family caregiver attendants that may receive expenses of travel for a single medical examination, treatment, or episode of care of an eligible Veteran to one attendant and to require the primary or other family caregiver attendants to use certain travel services. Primary family and family caregivers will be reimbursed for transportation, lodging and per diem costs through the current VA Beneficiary Travel program. VA will provide reimbursement for the actual cost up to fifty percent of the Federal government employee per diem rate for meals and/or lodging to primary family and family caregivers, when appropriate. The need for such costs will be determined on a case-by-case basis and be based upon the Veteran's medical condition, distance required to travel, and any other extenuating circumstances. Such items should be requested and authorized in advance of travel, if non-emergent.

VA currently has the following authority, policy, and outreach material available describing travel reimbursement, lodging, mileage and other incidentals for eligible beneficiaries, including family caregivers. VA will modify VA policies to ensure the benefits conferred by the law are fully covered:

- 38 U.S.C. § 111, Payments or allowances for beneficiary travel
- 38 C.F.R. Part 70, VHA Beneficiary Travel Under 38 U.S.C. § 111
- VHA Handbook 1601B.05, Beneficiary Travel
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2275
- VHA Procedure Guide 1601B.05, Beneficiary Travel
<http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=contents&id=II.05>
- VA Fact Sheet
(<http://www4.va.gov/healtheligibility/Library/pubs/BeneficiaryTravel/BeneficiaryTravel.pdf>)
- FAQ, Brochure (<http://vaww1/CBO/cbo/docs/trvlbrochuremay10.pdf>), and other policy documents

Respite Care

38 U.S.C. § 1720G(a)(3)(A)(ii)(III), as added by section 101 of Public Law 111-163 requires VA to provide for primary family caregivers' respite care of not less than thirty days annually, including twenty-four hour per day care of the Veteran commensurate with the care provided by the primary family caregiver to permit extended respite. 38 U.S.C. § 1720G(a)(3)(B) requires that the respite care shall be medically and age appropriate and include in-home care. Additionally, under 38 U.S.C. § 1720G(a)(6)(D), respite care is to be provided to the eligible Veteran during the provision of caregiver education and training, if a family member's participation in training would interfere with the provision of personal care services to the eligible Veteran.

VA recognizes caregiving places high burden on caregivers of seriously injured Veterans. Respite care is designed to give primary family and family caregivers temporary relief from the demands of daily care, thereby supporting the Veteran's desire to remain at home. VA currently has authority to provide respite care under 38 U.S.C. § 1720B and does not require additional authority to expand respite care services. The VA CSC or designated case manager, in collaboration with the PACT or primary care team will assess the Veteran and caregiver for appropriate respite care services. VA policy currently allows up to thirty days annually for respite care services and additional days may be offered due to unforeseen circumstances with approval from a VA medical center director or designee

(http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1802). Under 38 U.S.C. § 1720G(a)(6)(D), VA will provide additional respite care for purposes of caregiver training for the primary family and family caregivers. VA is committed to provide clinically-appropriate respite care services through the use of VA and non-VA programs and contracts. Twenty-four hour in-home respite care will be available at the request of the Veteran or guardian and primary family caregiver. The benefits provided to the primary family caregiver including the stipend payment, will continue during times when respite care is provided for the Veteran.

Monitoring

38 U.S.C. § 1720G(a)(9)(A), as added by section 101 of Public Law 111-163, states that "the Secretary shall monitor the well-being of each eligible veteran receiving personal

care services under the program [of Comprehensive Assistance to Family Caregivers]”.⁴ This will include evaluation of the Veteran and caregiver’s physical and emotional state, observing for signs of abuse or neglect (in accordance with VHA Handbook 1605.1, Privacy and Release of Information http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1423), adequacy of care and supervision being provided by the primary family and family caregiver(s), Veteran and primary family and family caregiver(s) overall adjustment to care at home, and signs of caregiver stress. In keeping with a Veteran-centered approach to care, well-being will be focused on the Veteran or legal guardian’s perception of the optimal social, emotional, and physical state of welfare in a safe and nurturing environment.

VA will implement the following process for monitoring: Within ten business days after the completion of the primary family or family caregiver education and training, VA will make a home visit to assess the primary family or family caregiver’s understanding and competence in providing the care needed by the Veteran. At the time of this initial home visit, core competencies will be reviewed and the primary family or family caregiver will be required to give return demonstration of the competencies relating to the Veteran’s specific care needs. The home visit will be conducted in a supportive manner with additional on-site training provided, if needed, to facilitate successful completion of the training and validation of the primary family and family caregiver’s competence. A standardized Veteran/caregiver assessment tool (Appendix B) will be used to evaluate caregiver competence at this initial assessment visit, during follow-up well-being checks and annually, unless significant changes in condition or home dynamics are noted by the PACT or primary care team when they see the Veteran at appointments or during home visits that would necessitate re-training and competence assessment of the caregiver. The initial validation of caregiver competence will be conducted in a timely manner and is required for the primary family caregiver to begin receiving the stipend and other benefits. Annual in-home full re-assessment of primary family caregiver’s competence will be a stipulation of continued receipt of the stipend and other benefits. The CSC or designated case manager will be responsible for ensuring the ongoing monitoring of primary family and family caregiver competencies.

On-going monitoring will include home visits to assess the well-being of the Veteran and primary family and family caregiver at least every ninety days. This is consistent with other VA policy, such as VA Handbook 1141.01 *Home-Based Primary Care Program* (http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1534), which outlines regular treatment plan reviews at a minimum on a quarterly basis. Initial in-home assessment and ninety day well-being checks will be completed by a member of the interdisciplinary health care team, such as a registered nurse, social worker, physical therapist, dietician or others. On-going monitoring will be provided by VA staff from programs such as Home Based Primary Care, Community Health Programs, Spinal Cord Injury and Disorders Home Care, Mental Health Intensive Case Management or by a contract Home Health Care Agency. Initial assessment visit and follow-up well-being checks will be documented on the standardized Veteran/caregiver assessment

⁴ The statute does not define “well-being,” and VA has interpreted this term for purposes of program monitoring. See “Definitions” section above.

tool that will be a template in the Veteran's electronic health record. Changes in the level of care noted during home evaluation visits will be reported back to the facility CSC or designated case manager and the PACT or primary care team. If, during the initial assessment or follow-up home visits there is evidence of abuse and/or neglect or other immediate concerns for the safety of the Veteran, VA will make immediate arrangements for alternate care. Suspected abuse or neglect must be reported in accordance with VHA Handbook 1605.1. If there are concerns about caregiver competence that do not pose an immediate safety concern for the Veteran, an assessment will be made as to what additional training the caregiver requires and arrangements will be made for the caregiver to receive the additional training in a timely manner.

Revocation

Revocation of the primary family caregiver designation can be requested by the Veteran or legal guardian, the primary family caregiver, or by VA for cause, or due to permanent institutionalization or death of the Veteran. VA will implement the following processes regarding revocation:

Revocation of Primary Family Caregiver Designation at the Request of the Primary Family Caregiver:

The primary family caregiver may decide he or she can no longer provide or no longer wants to provide the required personal care services for the eligible Veteran. In this case, the primary family caregiver benefits, including the stipend, health care coverage under CHAMPVA, and mental health services, as applicable, will end when the primary family caregiver role ends. The CSC or designated case manager will assist the primary family caregiver with transitioning to alternative health care coverage and mental health services, as applicable. The CSC or designated case manager will work with the Veteran to designate a replacement primary family caregiver as quickly as possible. The CSC or designated case manager will provide an initial assessment of the Veteran's plan for personal care services to determine whether the Veteran is at risk and alternative arrangements for the Veteran's care need to be made prior to the designation of a replacement primary family caregiver.

Revocation of Primary Family Caregiver Designation at the Request of the Veteran or Legal Guardian:

When the Veteran or legal guardian decides to revoke the primary family caregiver designation, he or she must formally disclose in writing the intent to remove the primary family caregiver to the CSC or designated case manager (accommodations will be made for language and communication barriers). The CSC or designated case manager will notify the primary family caregiver verbally and in writing of the Veteran's request for removal. The CSC or designated case manager will provide an initial assessment of the Veteran's plan for personal care services to determine whether the Veteran is at risk and alternative arrangements for the Veteran's care need to be made immediately. The CSC or designated case manager will coordinate a thorough review

of the Veteran's plan for personal care services and clarify the reasons for the request for removal. Mediation between the Veteran and primary family caregiver will be provided as appropriate by the PACT or primary care team. This review process will take no longer than thirty days. If the primary family caregiver designation is revoked at the request of Veteran or legal guardian, the stipend, health care coverage under CHAMPVA, , and mental health services, as applicable, continue for up to thirty days during the transition between primary family caregivers. The CSC or designated case manager will work with the Veteran to designate a replacement primary family caregiver as quickly as possible. The facility CSC or designated case manager will work with the revoked primary family caregiver to transition to alternate health care coverage and mental health services, as applicable. The Veteran can revoke consent for a primary family caregiver twice within a twelve month period while receiving benefits under this program. If this limit is exceeded, continuation of the Veteran's enrollment in this program will be re-evaluated.

Revocation of Primary Family Caregiver Designation by VA for Cause:

During the monitoring process, reports of care concerns may be initiated from a number of sources including VA staff, community agencies, family members and/or the Veteran. When a deficiency with the care of the Veteran is identified by VA staff or reported, the CSC or designated case manager will initiate the process to validate the complaint. If an immediate concern for the Veteran's safety is identified, action will be initiated by the CSC or designated case manager to ensure the Veteran's safety. Actions may include replacement of the identified primary family caregiver with an alternate trained family caregiver or professional home health services or temporary placement in a medical or long-term care facility. The issues of concern resulting in the revocation of the primary family caregiver designation will be provided to the primary family caregiver in writing (accommodations will be made for language and communication barriers). A facility Clinical Review Board process will be initiated at the local level. The results of the Clinical Review Board will be sent to facility Senior Leadership for a recommendation. The CSC or designated case manager, in collaboration with the PACT or specialty care team, will work with the Veteran to develop a new plan to meet his or her personal care service needs. If the primary family caregiver designation is revoked due to risk of immediate jeopardy to a Veteran's health or safety all caregiver benefits will end upon completion of the Clinical Appeals Process as outlined in VHA Directive 2006-057 Clinical Appeals, if initiated. Examples of revocation for cause may include concerns such as evidence the Veteran is not being given adequate nutrition; the Veteran is left alone for significant periods of time without adequate supervision; evidence of significant skin breakdown due to the Veteran not being properly turned or positioned; or failure to notify PACT or specialty care team of significant changes in the Veterans condition. The CSC or designated case manager will work with the revoked primary family caregiver to transition to alternate health care coverage and mental health services, as applicable.

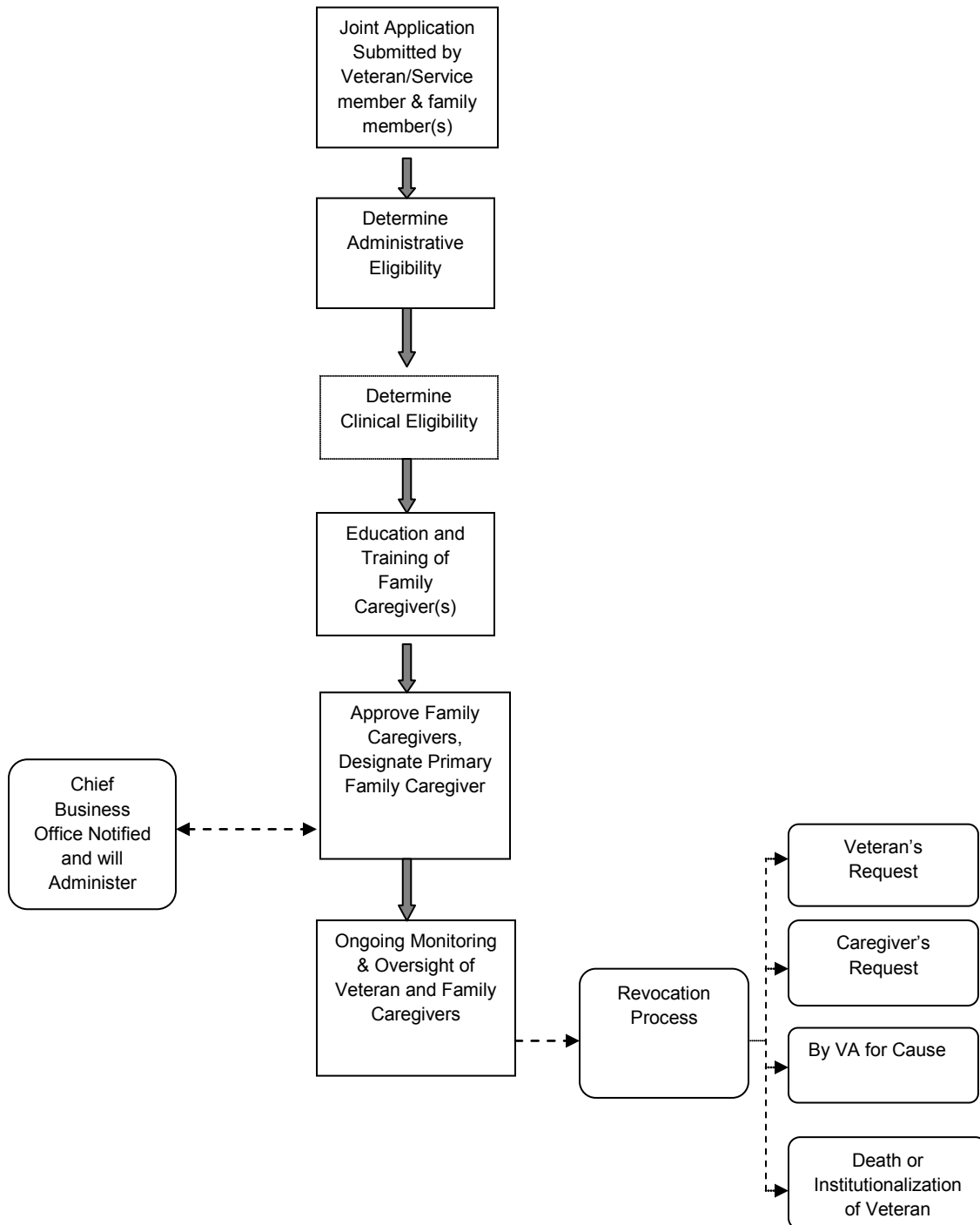
Revocation of Primary Family Caregiver Designation Due to Permanent Institutionalization or Death of the Veteran:

Upon the permanent institutionalization or death of the Veteran, the stipend, health care coverage under CHAMPVA, and mental health services, as applicable, will continue for up to 90 days. Bereavement counseling may be available under the authority in 38 U.S.C. § 1783.

Figure 10 shows the program of comprehensive assistance for family caregivers' process.

Figure 10 - Program of comprehensive assistance for family caregivers' process

Program of Comprehensive Assistance for Family Caregivers Process



Information Technology Requirements

VA's Office of Information and Technology is developing the business requirements for all aspects of the information technology (IT) needs to fully implement and sustain all aspects of implementation for Title I of P.L. 111-163. IT requirements will include the ability to document and capture workload with caregivers in VA's electronic health record; interface with VA Chief Business Office programs to determine Veteran eligibility, direct payment of the stipend to the caregiver, developing a new beneficiary class for CHAMPVA; and other necessary requirements for future reporting needs.

Consultation with Stakeholders

In developing the implementation plan, the law requires VA to consult with key stakeholders, to include Veterans, who may be eligible for the program and their family caregivers, the Secretary of Defense (with respect to members of the Armed Forces who may be eligible for the program), Veterans Service Organizations (VSO), and national non-governmental organizations (NGO) that specialize in the provision of assistance to individuals with disabilities and to Veterans' family caregivers. The law requires that the report include a description of the individuals, caregivers, and organizations consulted; a description of the consultations; and the recommendations of such individuals, caregivers, and organizations, if any, that were not adopted and incorporated into the plan and the reasons they were not.

Round table discussions were held with VSOs and NGOs to obtain their views regarding the intent of Public Law 111-163, how it will impact their constituents, and to obtain input into VA's development of a plan for implementation of the program of comprehensive assistance for family caregivers. The VSO meetings were held on two separate days, October 5 and October 13, 2010, to allow enough time for robust discussion and to cover all relevant topics. A single meeting was held to engage and interact with key NGOs on October 7, 2010, including NGOs that specialize in the provision of assistance to individuals with the types of disabilities that Veterans' family caregivers will encounter, and to family members of Veterans who provide personal care services to Veterans. Both groups were given the opportunity to discuss the caregiver legislation, provide thoughts about implementation of the new benefits and about other aspects of caregiver programming. VSO and NGO participants were afforded opportunities to provide input on all topics.

Veterans Service Organizations

The following VSO's participated in the round table discussions:

- The American Legion
- AMVETS
- Blinded Veterans Association
- Disabled American Veterans
- Iraq and Afghanistan Veterans of America
- Military Officers Association of America
- National Military Family Association
- Paralyzed Veterans of America
- Veterans of Foreign Wars

- Veterans of Modern Warfare
- Wounded Warrior Project

There were several overarching themes that emerged from our discussion with the VSOs. The following key concepts stressed by VSO participants are in line with VA's plans for implementation of the new caregiver benefits and services; the program should be simple and user friendly for the Veteran and caregiver. Consistency across VA is paramount but it is also important to allow for flexibility to meet the individual needs of Veterans and their caregivers, and where feasible, VA should integrate the new programs and services into existing systems to avoid creating another layer of bureaucracy. Recommendations regarding education and training, provision of mental health services, and many aspects of eligibility were in concert with VA's plan. Recommendations made by the VSOs that VA does not feel are appropriate to implementation of the new caregiver benefits and services include:

Eligibility:

Veteran Service Organizations recommend that VA should not rely on specific definitions of 'seriously injured' and should not refer to prevention of institutional placement as criteria to assess eligibility.

- Some VSO participants verbalized concern that this could lead to a 'restrictive' interpretation of eligibility. Although statements referencing a Veteran's need for institutional care in the absence of a family caregiver were considered inappropriate by some of the VSO participants as part of the eligibility assessment, when asked about the intent of the legislation, they stated repeatedly that the intent was 'to avoid having to place Veterans in institutions'. VA interprets wording from the law regarding "serious injury" and "best interest" to mean that Veterans who, due to their injury or psychological trauma, or mental disorder, require continuing medical management, or are at high risk for personal safety, and cannot live independently in their community without caregiver support which includes continuous and approved personal care services, and would otherwise require hospitalization, nursing home, or other institutional care, are determined to meet the eligibility criteria as set in the law. It is the belief of VA that this should be a key component of determining the eligibility of a Veteran and caregiver for this program. This verbiage will serve as a guide for clinicians completing the assessment. They will also assess the loss of ability to independently complete activities of daily living (ADL), and the extent to which supervision is required to ensure Veteran safety.
- It was suggested by a VSO participant that instrumental activities of daily living (IADL) might be used solely to establish the eligibility of a Veteran and caregiver for the program. While this could be useful in determining the amount of personal care services required by the Veteran, standing alone would not be considered a definitive way of determining Veteran eligibility. VA feels that need for assistance with IADLs is only one component of a comprehensive assessment to determine the Veterans need for personal care services. Furthermore, this would be inconsistent with the eligibility criteria in the law, which specifies that an eligible Veteran is a Veteran or member of the Armed Forces undergoing medical discharge who has a

serious injury incurred or aggravated in the line of duty on or after September 11, 2001, and is in need of personal care services because of an inability to perform one or more activities of daily living, a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury, or such other matters as the Secretary may specify.

- There was concern among the VSOs regarding denial of benefits due to a Veteran's condition improving. In these situations the Veteran and need for a family caregiver will need to be reassessed based on the improvements in the status of the Veteran. If it is determined the Veteran no longer needs a caregiver, then the benefits would cease 3 months following the decision. VA does not want this to become a disincentive to the Veteran and/or caregiver however. The Veteran would be reassessed if the Veteran has a decline in condition and would require the services of a caregiver once again.

Primary Family Caregiver Stipend

Recommendations on determining the stipend amount to be paid to the primary family caregiver were raised.

- Recommendations were made by VSO participants regarding the appropriate amount for the stipend. In lieu of the language in the law that requiring that the stipend be determined in accordance with a schedule established by VA that specifies stipends based upon the amount and degree of personal care services provided, several VSO participants raised the option of a flat single rate payment. There was agreement that a rate should be geographically based, but that the amount should remain the same for Veterans who are changing locations for continued treatment. VA is in agreement with the geographic basis for stipend amount in order to meet the minimum stipend amount as required in the law. VA also agrees with the need for the stipend to remain consistent for Veterans and caregivers changing locations for temporary treatment of the Veteran. However, the law requires that the stipends be based on the amount and degree of personal care services provided. In addition, someone who is providing 10 hours of personal care services a week should not receive the same amount of stipend as a caregiver providing 40 hours of personal care services. VA's plan includes a three tier system based on a Katz scale in conjunction with a behavioral scale be used to determine the level of stipend to be paid. This will provide for consideration of the amount of care and/or supervision required by the caregiver for the well-being of the Veteran.
- It was suggested that VA assess the daily cost of institutional care if the Veteran was not being maintained in the community by a family caregiver. The recommendation was to pay the caregiver a percentage of the cost for care in an institution for the Veteran. VA has not included this recommendation in the plan for stipend allocation. The law references to personal care services and the amount paid by a home health entity. The notion of paying the stipend based on the cost avoidance of bed days would be difficult to calculate, would not provide for consistency, and would not be consistent with the requirements and guidance in the law.

- Several of the VSO participants recommended that the payment of the stipend begin immediately when the family member made significant life changes as a result of the Veteran's injury, even in situations where the Veteran was still institutionalized and prior to the caregiver being responsible for care. In accordance with 38 U.S.C. § 1720G(a)(3)(C)(i), the stipend is to be paid to the primary family caregiver for the amount and degree of personal care services that they are providing. When the Veteran is permanently placed in an institution, the caregiver is not the responsible provider of personal care services. While VA recognizes the value of a family caregiver being at the bedside to provide support, it is believed that the law specifically indicates that stipend is related to provision of services or 'care' by the family caregiver and the intent was not payment for duplicative services. Furthermore, a joint application by the Veteran and the family member(s) as well as eligibility determinations will be required before Veterans and family members can be provided any benefits of the program. Appropriate training of family members is required before family members can be approved as providers of personal care services, or designated as primary providers of personal care services.
- A recommendation was made that if a caregiver provides skilled nursing services, the caregiver should receive pay equivalent to the salary of a skilled nurse. The law under 38 U.S.C. § 1720G(a)(3)(C)(i), clearly specifies that the amount of the stipend is determined by VA in accordance with a schedule established by the Secretary that specifies the stipends based upon the amount and degree of personal care services provided. The law clearly stipulates that receipt of a stipend does not equate to an employment relationship. Per VA's plan, determination of the amount and type of assistance required for each ADL and/or need for supervision is related to an assessment of need performed in a clinical setting and tailored to the specific requirements of each Veteran given the type of serious injury, the anticipated duration of need, and the ability of the family caregiver to provide the required assistance.
- It was suggested that VA should institute a less rigorous approach under which the caregiver and interdisciplinary team agree on the number of hours the caregiver would provide personal care services without the need for scrutiny or accounting. VA does not want to create a situation where a caregiver has to count hours and report them. The level of the stipend will be based and scored through the use of a Katz scale which is a tested and validated tool to assess functional status as a measurement of the Veteran's ability to perform ADLs independently. This will be done in conjunction with a patient behavior scale. The combined results of these scales are given a numeric value that equates to ADL and behavior points to determine the level of stipend payment.
- There was discussion of when caregiver benefits should be suspended if a Veteran is hospitalized for an extended period of time. There was mention of suspending at 3 months, 6 months, and at the one year mark of hospitalization. Per VA's plan, the suspension of benefit will occur at the 6 month mark. VA believes that 3 months is

too short of a period of time to suspend this benefit as it does not provide for enough time to get an accurate sense of the Veterans ability to return to the home and the care of the family caregiver. At the same time VA believes that the one year mark is excessive and indicative of a chronic state. If the Veteran's status would improve they could be reassessed at that time to re-enter the caregiver program.

Education & Training

Some VSO participants felt that experienced caregivers should either be exempt or offered an expedited version of the required training. VA believes even in these situations where someone has been providing care to their Veteran over an extended period of time it would benefit them to participate in the training. The training will be offered through several different delivery methods so that the caregiver can choose which is most convenient and beneficial to their unique learning styles. VA also believes experienced caregivers have a lot to offer new caregivers who are just beginning their caregiver journeys. VA recommends that they attend the face to face trainings to participate in an environment of support and bonding to share their experiences. All methods of training will be done in a supportive and educational manner. The intent of the training is not to force anyone to prove themselves yet, to better prepare them to provide the best care possible to the Veteran.

Monitoring

One VSO suggested that VA is not empowered in the law to require routine home visits to be active in the program of comprehensive caregiver benefits. 38 U.S.C. § 1720G(a)(9)(A), as added by section 101 of Public Law 111-163, states that "the Secretary shall monitor the well-being of each eligible Veteran receiving personal care services under the program [of Comprehensive Assistance to Family Caregivers]." The monitoring process will include evaluation of the Veteran and caregiver's physical and emotional state, observing for signs of abuse or neglect (in accordance with VHA Handbook 1605.1, Privacy and Release of Information http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1423), adequacy of care and supervision being provided by the primary family and family caregiver, Veteran and primary family and family caregiver overall adjustment to care at home, and signs of caregiver stress. In keeping with a Veteran-centered approach to care, well-being will be focused on the Veteran or Legal Guardian's perception of the optimal social, emotional, and physical state of welfare in a safe and nurturing environment. During the round table discussions other VSOs expressed concern that not providing home visits as part of the training and monitoring process may put the Veteran at risk. Family caregivers have shared the challenges of transferring care techniques learned in the hospital to the home setting. Requiring a minimum number of home visits will provide an opportunity for additional training and support in the setting where the care is being provided. VA will conduct quarterly "well-being" visits in the home to ensure that the Veteran and caregiver are thriving. These visits will be completed through a supportive and educational approach to ensure the caregiver is equipped to succeed.

Non-Governmental Organizations

The following Non-Governmental Organizations participated in the round table discussions:

- American Red Cross
- Easter Seals
- National Alliance for Caregiving
- National Family Caregivers Association
- Family Caregiver Alliance
- Rosalynn Carter Institute for Caregiving
- National Association of Area Agencies on Aging
- National Council on Independent Living
- ARCH National Respite Network and Resource Center

There were several overarching themes that emerged from discussions with the NGOs as well. Key concepts offered by NGO participants that are in unison with VA's plans for implementation of the new caregiver benefits and services include: VA should use training materials based on a nationally recognized program; training curricula already exists that is available for use with minimal modification; monitoring of the care provided should be done in a manner that is supportive to both the Veteran and the caregiver; VA should avoid the use of a medical model and allow for flexibility, and it is essential that the Veteran's voice is heard and not overshadowed by desires of the caregiver though the family caregiver should definitely be included as part of the health care team.

There was one recommendation made in the consultation with the NGOs that VA does not feel is appropriate to integrate into the plan for implementation of the new caregiver benefits and services: that the amount of the stipend should be commensurate with the level of skill required to provide care to the Veteran. They further stated that if a skilled service was provided by the family caregiver they should be compensated at the same level as a skilled professional such as a nurse. This was a topic that was also raised by the VSO's. Please refer to the stipend section under "Veterans Service Organizations" above outlining the round table consultation with the VSO participants for VA's response.

VA has received extensive input from field based and Central Office subject matter experts from a broad range of specialty programs and professions. Specialty programs include Polytrauma/Rehabilitation, Spinal Cord Injury/Disorders, Geriatrics and Extended Care, Mental Health, Primary Care, and Prosthetics. Professional disciplines include physicians, nursing, social workers, psychologists, rehabilitation (physical therapy, speech therapy, and recreation therapy), representatives from the Office of General Counsel, and VA medical center leadership such as facility directors and chiefs of staff. The principal Deputy of Transition Policy for DoD's Wounded Warrior Care and Transition Policy Office was an active participant in the development of the implementation plan.

Veteran and Family Caregivers

VA has incorporated into the implementation plan information from Veterans and family caregivers gathered before and after enactment of P.L. 111-163. This included information gained through the implementation of eight caregiver pilot programs conducted by VA in compliance with section 214 of Title II of P.L. 109-461, SVAC and HVAC hearings, other focus groups conducted in VA, Veteran and caregiver panels, and discussions with Veterans and family caregivers in small groups and individually. The Veterans who provided input into the implementation plan had a range of diagnoses including traumatic brain injury, post traumatic stress disorder, and polytrauma injury. The caregivers who provided input into the implementation plan included a father providing care at home for his son who has polytrauma injury, a wife providing care for her husband with traumatic brain injury and amputation, and a mother who is caring for her active duty son diagnosed with traumatic brain injury and post traumatic stress disorder. VA has also reviewed preliminary results of the recent study of caregivers of Veterans conducted by the National Alliance for Caregiving which is due for release November 10, 2010. VA's Caregiver Program Manager is a member of the Project Advisory Committee for the study, participated in the development of study questions, and has had an opportunity to review preliminary results. Through these venues, VA identified common themes that continue to emerge. These themes include the need for family caregivers to be better integrated into the health care team, acknowledged and heard as they are often the voice of the Veteran, access to respite care that is based in the home and community, training in the home, and compensation for the significant sacrifices family members are making to care for the Veteran at home. Caregivers have also expressed desire to have a single care manager to assist with coordination of care and/or obtaining services. VA's plan for implementation of the comprehensive caregiver benefits and services, including those for the primary family caregivers, family caregivers as well as support services for general caregivers are in line with the needs and recommendations identified by family caregivers and Veterans.

Stipend

- During discussions with individual caregivers, several of them brought up the fact that benefits should be provided to family caregivers even if the Veteran resides full time in an institution, as many family members sacrifice their jobs to provide support to the Veteran in the institutional setting. When the Veteran is permanently placed in an institution, the caregiver is not the responsible provider of personal care services. While VA recognizes the value of a family caregiver being at the bedside to provide support, it is believed that the law specifically indicates that stipend is related to provision of services or 'care' by the family caregiver and the intent was not payment for duplicative services. VA will continue provision of benefits to the primary family caregiver if the Veteran, who has been cared for at home, requires short term placement in the hospital, nursing home, rehabilitation center or other institution for a maximum of six months. Benefits will cease to be available to family caregivers when the Veteran has been hospitalized/ institutionalized for greater than six months or prognosis does not support further in home care.

- Several caregivers expressed concern about whether the stipend should be taxable income. For some caregivers indicated that if the stipend was taxable it would put them in a higher tax bracket and they may not accept it for this reason. For other caregivers, especially young spouses, it was important that the stipend be seen as taxable income as it would help them to pay contributions to the Social Security and Medicare system. VA is working with the Internal Revenue Service to clarify whether the stipend will be considered taxable income.

Training

Some experienced caregivers felt they should be exempt from required training. VA believes it is essential to require all caregivers to complete basic core training to set a consistent standard of care. In addition to training on meeting the care needs of the Veteran, training will also include segments on self-care and stress management which caregivers will likely not have had before. The training will be offered in several venues so the caregiver can select the most convenient method that works best for their style of learning. VA also believes experienced caregivers have a lot to offer new caregivers. VA will integrate peer and mentor support components into the training program. All training will be done in a supportive and educational manner.

Monitoring

There were varying views on monitoring. Some Veterans felt that in-home monitoring by VA was important to ensure the Veteran was receiving appropriate care. One Veteran felt that monitoring would be intrusive. Caregivers felt that monitoring should be supportive and compassionate. One family caregiver repeatedly stated, "We want VA staff to be compassionate toward our situation and needs." Caregivers also felt a caregiver hotline would be helpful for easy access to information on available resources and support. As stated above in the VSO discussion summary, monitoring the Veteran's well-being is required by the law. VA's goal is to provide monitoring visits in the most supportive manner possible with the goal to ensure the Veteran and family caregiver are equipped to succeed in managing the Veterans care needs at home.

Outreach Activities

38 U.S.C. 1720G(a)(10), as added by section 101 of P.L. 111-163, requires VA to carry out outreach to inform eligible Veterans and family members of eligible Veterans about the program. (For the program of support services for caregivers of covered Veterans under 38 U.S.C. § 1720G(b)(5), VA is required to conduct outreach to inform covered Veterans and caregivers of covered Veterans about the program, with emphasis on covered Veterans and caregivers of covered Veterans in rural areas.) VA plans to conduct outreach in a variety of ways. First, VA staff will be trained on the eligibility requirements for the program to identify and educate potential eligible Veterans and their family members. VA will use multiple Web sites to provide information on the new program, including VA's Web site at www.va.gov, the VA caregiver Web site at www.caregiver.va.gov, and the National Resource Directory www.nationalresourcedirectory.gov. VA will be pro-active in identifying Veterans and their family caregivers who may qualify for this program. VA's Health Administration

Center will send potentially eligible Veterans a letter informing them of the new benefits and services and providing contact information for assistance with the application process. VA will send out a media press release and provide written articles for VSOs' member publications. Finally, VA will outreach to NGOs such as the National Alliance for Caregiving and Family Caregiver Alliance to post information on their Web sites and in their member publications. VA appreciates the support of VSOs and NGOs to inform Veterans and their caregivers of these new benefits and support services.

Reporting Requirements

VA will comply with all reporting requirements as outlined in P.L. 111-163, Title I, Section 101. The first reporting requirement, the plan for the implementation of the program of comprehensive assistance for family caregivers due to Congress no later than one hundred and eighty days after the date of the enactment of this Act is provided in this report. Recommendations contained herein are submitted prior to completion of required Federal regulations to institute VA's plan. This plan is subject to modification as a result of review and public comment on such Federal regulations and any changes based upon the approval process for federal regulations will be forwarded to Congress under separate cover.

The second reporting requirement is a comprehensive report on the implementation of 38 U.S.C. § 1720G "Assistance and Support Services for Caregivers," due no later than two years after the effective date of 38 U.S.C. § 1720G, and annually thereafter to the SVAC and HVAC. This report shall contain the following with respect to the programs required by subsections (a) and (b) of 38 U.S.C. § 1720G:

- The number of caregivers that received assistance under the programs
- The cost to the Department of providing assistance under the programs
- A description of the outcomes achieved by, and any measurable benefits of carrying out the programs
- An assessment of the effectiveness and the efficiency of the implementation of the programs
- Recommendations, to include recommendations for legislative or administrative action, as the Secretary considers appropriate in light of carrying out the programs

Specifically for the program of comprehensive assistance for family caregivers under 38 U.S.C. § 1720G(a), the report shall contain the following:

- A description of outreach activities carried out under the program
- An assessment of the manner in which resources are expended by the Secretary under the program, particularly with respect to the monthly personal caregiver stipends

Specifically for the general caregiver support services under 38 U.S.C. § 1720G(b), the report shall contain the following:

- A summary of the support services made available under the program
- The number of caregivers who received support services under the program
- The cost to VA of providing each support service under the program
- Any other information that the Secretary considers appropriate

The last reporting requirement is a report on the expansion of family caregiver assistance, due to the SVAC and HVAC no later than 2 years after the effective date of 38 U.S.C. § 1720G, to include a report on the feasibility and advisability of expanding the family caregiver program under 38 U.S.C. § 1720G(a) to family caregivers of Veterans who have a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001. The report shall include recommendations with respect to such expansion. The Steering Committee will continue in its role providing oversight of the full implementation of the plan as outlined above, and the submission of all required reports in a timely manner. Regulations required for the implementation of Section 101 of P.L. 111-163, section 101 are under development. Plans for implementation are moving forward concurrent with the process for development and approval of required Federal regulations. VA is actively working on the business and information technology processes, developing policy guidance, and drafting Statements of Work for potential contracts required for full implementation of the law. VA will be prepared to implement the full scope of benefits and services for Section 101 of P.L. 111-163 as soon as regulations are approved.

Conclusion

P.L. 111-163, Title I, Section 101 was designed to give VA a mandate and authority to develop specific programs to provide support for family members who want to care for their seriously injured Veterans at home. This groundbreaking legislation provides unprecedented benefits to family caregivers. The package of benefits, especially for primary family caregivers, including a direct stipend payment, health care coverage (if eligible), and mental health services, makes it more feasible for families of our Nation's Veterans to consider providing care at home as an alternative to institutional care. VA's implementation plan for this new comprehensive program is designed to expand existing services and to develop new benefits in accordance with P.L. 111-163.

VA is committed to fulfilling our promise to our Nation's Veterans and those that care for them by planning and implementing the benefits and services outlined in this report. The goals for Title I of P.L. 111-163 are simple: to provide comprehensive support to family caregivers allowing our Nation's Veterans to remain in their homes, rather than institutional care settings, and to enjoy the highest quality of life possible. With the support of Congress, VA's comprehensive plan for enhancing services and benefits for family caregivers is part of our commitment to "care for him who shall have borne the battle and his widow and his orphan."

Appendix A – Public Law 111-163 Caregivers and Veterans Omnibus Health Services Act of 2010, Title I, Caregiver Support

TITLE I—CAREGIVER SUPPORT

SEC. 101. ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

(a) ASSISTANCE AND SUPPORT SERVICES.—

(1) IN GENERAL.—Subchapter II of chapter 17 is amended by adding at the end the following new section:

“§ 1720G. Assistance and support services for caregivers

“(a) PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.—(1)(A) The Secretary shall establish a program of comprehensive assistance for family caregivers of eligible Veterans.

“(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible Veteran if the Secretary determines it is in the best interest of the eligible Veteran to do so.

“(2) For purposes of this subsection, an eligible Veteran is any individual who—

“(A) is a Veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;

“(B) has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and

“(C) is in need of personal care services because of—

“(i) an inability to perform one or more activities of daily living;

“(ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

“(iii) such other matters as the Secretary considers appropriate.

“(3)(A) As part of the program required by paragraph (1), the Secretary shall provide to family caregivers of eligible Veterans the following assistance:

“(i) To each family caregiver who is approved as a provider of personal care services for an eligible Veteran under paragraph (6)—

“(I) such instruction, preparation, and training as the Secretary considers appropriate for the family caregiver to provide personal care services to the eligible Veteran;

“(II) ongoing technical support consisting of information and assistance to address, in a timely manner, the routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible Veteran;

“(III) counseling; and

“(IV) lodging and subsistence under section 111(e).

“(ii) To each family caregiver who is designated as the primary provider of personal care services for an eligible Veteran under paragraph (7)—

“(I) the assistance described in clause (i);

“(II) such mental health services as the Secretary determines appropriate;

“(III) respite care of not less than 30 days annually, including 24-hour per day care of the Veteran commensurate with the care provided by the family caregiver to permit extended respite;

“(IV) medical care under section 1781 of this title; and

“(V) a monthly personal caregiver stipend.

“(B) Respite care provided under subparagraph (A)(ii)(III) shall be medically and age-appropriate and include in-home care.

“(C)(i) The amount of the monthly personal caregiver stipend provided under subparagraph (A)(ii)(V) shall be determined in accordance with a schedule established by the Secretary that specifies stipends based upon the amount and degree of personal care services provided.

“(ii) The Secretary shall ensure, to the extent practicable, that the schedule required by clause (i) specifies that the amount of the monthly personal caregiver stipend provided to a primary provider of personal care services for the provision of personal care services to an eligible Veteran is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible Veteran to provide equivalent personal care services to the eligible Veteran.

“(iii) If personal care services are not available from a commercial home health entity in the geographic area of an eligible Veteran, the amount of the monthly personal caregiver stipend payable under the schedule required by clause (i) with respect to the eligible Veteran shall be determined by taking into consideration the costs of commercial providers of personal care services in providing personal care services in geographic areas other than the geographic area of the eligible Veteran with similar costs of living.

“(4) An eligible Veteran and a family member of the eligible Veteran seeking to participate in the program required by paragraph (1) shall jointly submit to the Secretary an application therefore in such form and in such manner as the Secretary considers appropriate.

“(5) For each application submitted jointly by an eligible Veteran and family member, the Secretary shall evaluate—

“(A) the eligible Veteran—

“(i) to identify the personal care services required by

the eligible Veteran; and

“(ii) to determine whether such requirements could be significantly or substantially satisfied through the provision of personal care services from a family member; and

“(B) the family member to determine the amount of instruction, preparation, and training, if any, the family member requires to provide the personal care services required by the eligible Veteran—

“(i) as a provider of personal care services for the eligible Veteran; and

“(ii) as the primary provider of personal care services for the eligible Veteran.

“(6)(A) The Secretary shall provide each family member of an eligible Veteran who makes a joint application under paragraph (4) the instruction, preparation, and training determined to be required by such family member under paragraph (5)(B).

“(B) Upon the successful completion by a family member of an eligible Veteran of instruction, preparation, and training under subparagraph (A), the Secretary shall approve the family member as a provider of personal care services for the eligible Veteran.

“(C) The Secretary shall, subject to regulations the Secretary shall prescribe, provide for necessary travel, lodging, and per diem expenses incurred by a family member of an eligible Veteran in undergoing instruction, preparation, and training under subparagraph (A).

“(D) If the participation of a family member of an eligible Veteran in instruction, preparation, and training under subparagraph (A) would interfere with the provision of personal care services to the eligible Veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the Veteran, provide respite care to the eligible Veteran during the provision of such instruction, preparation, and training to the family member so that the family member can participate in such instruction, preparation, and training without interfering with the provision of such services to the eligible Veteran.

“(7)(A) For each eligible Veteran with at least one family member who is described by subparagraph (B), the Secretary shall designate one family member of such eligible Veteran as the primary provider of personal care services for such eligible Veteran.

“(B) A primary provider of personal care services designated for an eligible Veteran under subparagraph (A) shall be selected from among family members of the eligible Veteran who—

“(i) are approved under paragraph (6) as a provider of personal care services for the eligible Veteran;

“(ii) elect to provide the personal care services to the eligible Veteran that the Secretary determines the eligible Veteran

requires under paragraph (5)(A)(i);

“(iii) has the consent of the eligible Veteran to be the primary provider of personal care services for the eligible Veteran; and

“(iv) are considered by the Secretary as competent to be the primary provider of personal care services for the eligible Veteran.

“(C) An eligible Veteran receiving personal care services from a family member designated as the primary provider of personal care services for the eligible Veteran under subparagraph (A) may, in accordance with procedures the Secretary shall establish for such purposes, revoke consent with respect to such family member under subparagraph (B)(iii).

“(D) If a family member designated as the primary provider of personal care services for an eligible Veteran under subparagraph (A) subsequently fails to meet any requirement set forth in subparagraph (B), the Secretary—

“(i) shall immediately revoke the family member’s designation under subparagraph (A); and

“(ii) may designate, in consultation with the eligible Veteran, a new primary provider of personal care services for the eligible Veteran under such subparagraph.

“(E) The Secretary shall take such actions as may be necessary to ensure that the revocation of a designation under subparagraph (A) with respect to an eligible Veteran does not interfere with the provision of personal care services required by the eligible Veteran.

“(8) If an eligible Veteran lacks the capacity to make a decision under this subsection, the Secretary may, in accordance with regulations and policies of the Department regarding appointment of guardians or the use of powers of attorney, appoint a surrogate for the eligible Veteran who may make decisions and take action under this subsection on behalf of the eligible Veteran.

“(9)(A) The Secretary shall monitor the well-being of each eligible Veteran receiving personal care services under the program required by paragraph (1).

“(B) The Secretary shall document each finding the Secretary considers pertinent to the appropriate delivery of personal care services to an eligible Veteran under the program.

“(C) The Secretary shall establish procedures to ensure appropriate follow-up regarding findings described in subparagraph (B). Such procedures may include the following:

“(i) Visiting an eligible Veteran in the eligible Veteran’s home to review directly the quality of personal care services provided to the eligible Veteran.

“(ii) Taking such corrective action with respect to the

findings of any review of the quality of personal care services provided an eligible Veteran as the Secretary considers appropriate, which may include—

“(I) providing additional training to a family caregiver; and

“(II) suspending or revoking the approval of a family caregiver under paragraph (6) or the designation of a family caregiver under paragraph (7).

“(10) The Secretary shall carry out outreach to inform eligible Veterans and family members of eligible Veterans of the program required by paragraph (1) and the benefits of participating in the program.

“(b) PROGRAM OF GENERAL CAREGIVER SUPPORT SERVICES.—

(1) The Secretary shall establish a program of support services for caregivers of covered Veterans who are enrolled in the health care system established under section 1705(a) of this title (including caregivers who do not reside with such Veterans).

“(2) For purposes of this subsection, a covered Veteran is any individual who needs personal care services because of—

“(A) an inability to perform one or more activities of daily living;

“(B) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

“(C) such other matters as the Secretary shall specify.

“(3)(A) The support services furnished to caregivers of covered Veterans under the program required by paragraph (1) shall include the following:

“(i) Services regarding the administering of personal care services, which, subject to subparagraph (B), shall include—

“(I) educational sessions made available both in person and on an Internet website;

“(II) use of telehealth and other available technologies; and

“(III) teaching techniques, strategies, and skills for caring for a disabled Veteran;

“(ii) Counseling and other services under section 1782 of this title.

“(iii) Respite care under section 1720B of this title that is medically and age appropriate for the Veteran (including 24-hour per day in-home care).

“(iv) Information concerning the supportive services available to caregivers under this subsection and other public, private, and nonprofit agencies that offer support to caregivers.

“(B) If the Secretary certifies to the Committees on Veterans' Affairs of the Senate and the House of Representatives that funding

available for a fiscal year is insufficient to fund the provision of services specified in one or more sub-clauses of subparagraph (A)(i), the Secretary shall not be required under subparagraph (A) to provide the services so specified in the certification during the period beginning on the date that is 180 days after the date the certification is received by the Committees and ending on the last day of the fiscal year.

“(4) In providing information under paragraph (3)(A)(iv), the Secretary shall collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services.

“(5) In carrying out the program required by paragraph (1), the Secretary shall conduct outreach to inform covered Veterans and caregivers of covered Veterans about the program. The outreach shall include an emphasis on covered Veterans and caregivers of covered Veterans living in rural areas.

“(c) CONSTRUCTION.—(1) A decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a medical determination.

“(2) Nothing in this section shall be construed to create—

“(A) an employment relationship between the Secretary and an individual in receipt of assistance or support under this section; or

“(B) any entitlement to any assistance or support provided under this section.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘caregiver’, with respect to an eligible Veteran under subsection (a) or a covered Veteran under subsection (b), means an individual who provides personal care services to the Veteran.

“(2) The term ‘family caregiver’, with respect to an eligible Veteran under subsection (a), means a family member who is a caregiver of the Veteran.

“(3) The term ‘family member’, with respect to an eligible Veteran under subsection (a), means an individual who—

“(A) is a member of the family of the Veteran, including—

“(i) a parent;

“(ii) a spouse;

“(iii) a child;

“(iv) a step-family member; and

“(v) an extended family member; or

“(B) lives with the Veteran but is not a member of the family of the Veteran.

“(4) The term ‘personal care services’, with respect to an eligible Veteran under subsection (a) or a covered Veteran under subsection (b), means services that provide the Veteran the following:

“(A) Assistance with one or more independent activities of daily living.

“(B) Any other non-institutional extended care (as such term is used in section 1701(6)(E) of this title).

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out the programs required by subsections (a) and (b)—

“(1) \$60,000,000 for fiscal year 2010; and

“(2) \$1,542,000,000 for the period of fiscal years 2011 through 2015.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1720F the following new item:

“1720G. Assistance and support services for caregivers.”

(3) EFFECTIVE DATE.—

(A) IN GENERAL.—The amendments made by this subsection shall take effect on the date that is 270 days after the date of the enactment of this Act.

(B) IMPLEMENTATION.—The Secretary of Veterans Affairs shall commence the programs required by subsections (a) and (b) of section 1720G of title 38, United States Code, as added by paragraph (1) of this subsection, on the date on which the amendments made by this subsection take effect.

(b) IMPLEMENTATION PLAN AND REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) develop a plan for the implementation of the program of comprehensive assistance for family caregivers required by section 1720G(a)(1) of title 38, United States Code, as added by subsection (a)(1) of this section; and

(B) submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on such plan.

(2) CONSULTATION.—In developing the plan required by paragraph (1)(A), the Secretary shall consult with the following:

(A) Individuals described in section 1720G(a)(2) of title 38, United States Code, as added by subsection (a)(1) of this section.

(B) Family members of such individuals who provide personal care services to such individuals.

(C) The Secretary of Defense with respect to matters concerning personal care services for members of the Armed Forces undergoing medical discharge from the Armed Forces that are eligible to benefit from personal care services furnished under the program of comprehensive assistance required by section 1720G(a)(1) of such title, as so added.

(D) Veterans service organizations, as recognized by the Secretary for the representation of Veterans under section 5902 of such title.

(E) National organizations that specialize in the provision of assistance to individuals with the types of disabilities that family caregivers will encounter while providing personal care services under the program of comprehensive assistance required by section 1720G(a)(1) of such title, as so added.

(F) National organizations that specialize in provision of assistance to family members of Veterans who provide personal care services to such Veterans.

(G) Such other organizations with an interest in the provision of care to Veterans and assistance to family caregivers as the Secretary considers appropriate.

(3) REPORT CONTENTS.—The report required by paragraph (1)(B) shall contain the following:

(A) The plan required by paragraph (1)(A).

(B) A description of the individuals, caregivers, and organizations consulted by the Secretary of Veterans Affairs under paragraph (2).

(C) A description of such consultations.

(D) The recommendations of such individuals, caregivers, and organizations, if any, that were not adopted and incorporated into the plan required by paragraph (1)(A), and the reasons the Secretary did not adopt such recommendations.

(c) ANNUAL EVALUATION REPORT.—

(1) IN GENERAL.—Not later than 2 years after the date described in subsection (a)(3)(A) and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a comprehensive report on the implementation of section 1720G of title 38, United States Code, as added by subsection (a)(1).

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) With respect to the program of comprehensive assistance for family caregivers required by subsection

(a)(1) of such section 1720G and the program of general caregiver support services required by subsection (b)(1) of such section—

- (i) the number of caregivers that received assistance under such programs;
- (ii) the cost to the Department of providing assistance under such programs;
- (iii) a description of the outcomes achieved by, and any measurable benefits of, carrying out such programs;
- (iv) an assessment of the effectiveness and the efficiency of the implementation of such programs; and
- (v) such recommendations, including recommendations for legislative or administrative action, as the Secretary considers appropriate in light of carrying out such programs.

(B) With respect to the program of comprehensive assistance for family caregivers required by such subsection

(a)(1)—

- (i) a description of the outreach activities carried out by the Secretary under such program; and
- (ii) an assessment of the manner in which resources are expended by the Secretary under such program, particularly with respect to the provision of monthly personal caregiver stipends under paragraph (3)(A)(ii)(v) of such subsection (a).

(C) With respect to the provision of general caregiver support services required by such subsection (b)(1)—

- (i) a summary of the support services made available under the program;
- (ii) the number of caregivers who received support services under the program;
- (iii) the cost to the Department of providing each support service provided under the program; and
- (iv) such other information as the Secretary considers appropriate.

(d) REPORT ON EXPANSION OF FAMILY CAREGIVER ASSISTANCE.—

(1) IN GENERAL.—Not later than 2 years after the date described in subsection (a)(3)(A), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of expanding the provision of assistance under section 1720G(a) of title 38, United States Code, as added by subsection (a)(1), to family caregivers of Veterans who have a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001.

(2) RECOMMENDATIONS.—The report required by paragraph (1) shall include such recommendations as the Secretary considers appropriate with respect to the expansion described in such paragraph.

SEC. 102. MEDICAL CARE FOR FAMILY CAREGIVERS.

Section 1781(a) is amended—

(1) in paragraph (2), by striking “and” at the end;
(2) in paragraph (3), by inserting “and” at the end; and
(3) by inserting after paragraph (3), the following new paragraph:

“(4) an individual designated as a primary provider of personal care services under section 1720G(a)(7)(A) of this title who is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title);”.

SEC. 103. COUNSELING AND MENTAL HEALTH SERVICES FOR CAREGIVERS.

(a) IN GENERAL.—Section 1782(c) is amended—

(1) in paragraph (1), by striking “; or” and inserting a semicolon;
(2) by redesignating paragraph (2) as paragraph (3); and
(3) by inserting after paragraph (1) the following new paragraph (2):

“(2) a family caregiver of an eligible Veteran or a caregiver of a covered Veteran (as those terms are defined in section 1720G of this title); or”.

(b) CONFORMING AMENDMENT.—The section heading of section 1782 is amended by adding at the end, the following: “**and caregivers**”.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by striking the item relating to section 1782 and inserting the following new item:

“1782. Counseling, training, and mental health services for immediate family members and caregivers.”

SEC. 104. LODGING AND SUBSISTENCE FOR ATTENDANTS.

Section 111(e) is amended—

(1) by striking “When” and inserting the following: “(1) Except as provided in paragraph (2), when”; and
(2) by adding at the end the following new paragraphs:

“(2)(A) Without regard to whether an eligible Veteran entitled to mileage under this section for travel to a Department facility for the purpose of medical examination, treatment, or care requires an attendant in order to perform such travel, an attendant of such Veteran described in subparagraph (B) may be allowed expenses of travel (including lodging and subsistence) upon the same basis as such Veteran during—

“(i) the period of time in which such Veteran is traveling to and from a Department facility for the purpose of medical examination, treatment, or care; and

“(ii) the duration of the medical examination, treatment, or care episode for such Veteran.

“(B) An attendant of a Veteran described in this subparagraph is a provider of personal care services for such Veteran who is approved under paragraph (6) of section 1720G(a) of this title or designated under paragraph (7) of such section 1720G(a).

“(C) The Secretary may prescribe regulations to carry out this paragraph. Such regulations may include provisions—

“(i) to limit the number of attendants that may receive expenses of travel under this paragraph for a single medical examination, treatment, or care episode of an eligible Veteran; and

“(ii) to require such attendants to use certain travel services.

“(D) In this subsection, the term ‘eligible Veteran’ has the meaning given that term in section 1720G(a)(2) of this title.”.

Appendix B – Veteran/Caregiver Assessment Tool

Veteran/Caregiver Assessment Tool

Date entered into the program:

Facility providing original care:

Caregiver information:

Other programs involved:

☐ MICHM ☐ OEF/OIF ☐ HBPC ☐ Telehealth

Last hospitalization:

Advance Directives:

☐ DNR ☐ DNRCC ☐ Living Will

Veteran has:

☐ POA ☐ Guardianship ☐ Fiduciary

Care Activities:

Feeding:

☐ self ☐ assistance ☐ special utensils ☐ total feed

Tube feeding:

☐ bolus ☐ continuous

Transfers:

☐ independent ☐ pivot support ☐ equipment

Ambulation:

☐ independent ☐ assisted ☐ dependant

Type of assistance:

☐ cane ☐ walker ☐ wheel chair

Continent of bowel:

☐ yes ☐ no

Continent of bladder:

☐ yes ☐ no

Catheter care:

☐ yes ☐ no

Catheter type and size:

Colostomy Care:

☐ yes ☐ no

Trach Care: ☐ yes ☐ no

Trach type and size:

Oxygen use:

☐ yes ☐ no

Oxygen prescription:

Personal hygiene:

☐ independent ☐ assisted ☐ dependant

Instrumental Activities of Daily Living (IADL):

*Since the last visit has the patient expressed difficulty with the following activities?
Consider how difficult it would be for the patient to perform these IADLs on his/her own.*

Preparing meals (planning cooking setting out food and utensils)

☐ yes ☐ no

Answer yes if the patient does not prepare meals even if he/she could.

Were meals prepared by others?

☐ yes ☐ no

Housework (dishes, dusting, laundry)

☐ yes ☐ no

Shopping (selecting items, managing money)

☐ yes ☐ no

Transportation (getting to places beyond walking distance)

☐ yes ☐ no

Using telephone

☐ yes ☐ no

Managing medications

☐ yes ☐ no

Do any of the answers above indicate a change since last visit?

☐ yes ☐ no

VETERAN SATISFACTION

Veteran satisfied with the care he/she is receiving?

☐ yes ☐ no

If no, what are the issues?

Veteran treated with dignity and respect?

☐ yes ☐ no

If no what issues have been identified?

PHYSICAL ASSESSMENT

Vital signs:

Reported pain:

Pulse oxygen level:

Weight:

Has not experienced more than a 5% weight lost since last visit:

Blood glucose:

Free from skin breakdown (if no new onset).

☐ yes ☐ no

Worsening of existing skin breakdown:

☐ yes ☐ no

If yes document wound progression:

Pressure ulcers:

☐ yes ☐ no

☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

Mental status:

☐ Alert ☐ Oriented to person ☐ Oriented to place ☐ Oriented to time

☐ Emotionally stable ☐ Long term memory ☐ Short term memory

Free of fecal impaction:

☐ yes ☐ no

Free of infection:

☐ yes ☐ no

If no, where is infection located?

Has patient fallen since last visit?

☐ yes ☐ no

If yes did an injury occur?

Any evidence of abuse or neglect?

☐ yes ☐ no

If yes document:

Mood:

☐ calm ☐ depressed ☐ anxious ☐ other

Veteran or caregiver reported signs and symptoms:

Has the veteran had any significant changes since the last visit?

☐ yes ☐ no

If yes document:

CARE PLAN

Care Plan is updated quarterly?

☐ yes ☐ no

If no what action taken?

Care plan reflective of veteran's needs?

☐ yes ☐ no

If no what action taken?

Medications

Medication list date last filled:

PRN Medications list effectiveness date last filled:

EDUCATION

Does the **veteran** have any barriers to education?

☐ yes ☐ no

Does the **caregiver** have any barriers to education?

☐ yes ☐ no

List any educational needs identified:

Does veteran continue to meet eligibility?

☐ yes ☐ no

If no, what services will be recommended to replace caregiver program?

Caregiver Assessment

How does the caregiver perceive their caregiving role?

How is the caregiver managing the multiple demands of their caregiving responsibilities?

What support systems does the caregiver have in place/utilize?

Is the caregiver aware of available resources for respite and does the Veteran/caregiver utilize these services?

Is the caregiver/Veteran eligible for additional VA/community resources? If so will any referrals be made?

What coping skills/strategies does the caregiver use to balance caregiving responsibilities and personal needs?

Is the caregiver able to demonstrate competence in the caregiving duties needed for the Veteran?

What are the caregiver's strengths?

What needs does the Veteran/caregiver have today? List interventions or resources provided.

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